Enter and View Report

Elderly and Medical, Ward 19 Queen Elizabeth Hospital

healthwatch Greenwich

Contents

Executive Summary

Ward 19 at Queen Elizabeth Hospital is a 28-bed rehabilitation ward providing care for older adults, many of whom live with frailty or dementia. The ward specialises in older adult rehabilitation. Admissions typically occur from the Emergency Department or other hospital wards when the patient is medically fit for rehabilitation. When at full capacity, the ward can accommodate up to three additional patients in corridor beds. During our visits, one corridor bed was in use.

Our observations point to a strong ward culture, underpinned by professional and emotionally intelligent staff who are deeply committed to their patients. This is recognised by patients and families, who describe the ward as calm, clean, and caring. However, the resilience of staff is tested by a range of pressures, particularly around discharge, staffing, and space.

What stands out from what patients and families told us is that many of the problems they experienced, such as poor communication, being cared for in corridors, delays in discharge, or lost personal items, reflect a system under pressure. Staff are caring for patients with increasingly complex needs, but they don't always have adequate time, space, or support to do so.

A key theme running through our findings is the importance of how staff communicate with and support patients and families. When this is done well, patients and families feel safer, more informed, and more involved in their care, or that of their loved one. But when staff are stretched or different parts of the system don't work well together, especially around discharge, this can leave patients and families feeling confused, ignored, and distressed. From what we were told, difficulties in coordinating care between hospital teams and external services like social care continue to be a major challenge.

The use of corridor beds highlights another pressure. Although meant to be a short-term solution during busy periods, they are now being used more often, creating difficulties in keeping care dignified and respectful.

Staff spoke with pride about teamwork and their deep commitment and responsibility to their patients. They also spoke about fatigue and of not always being able to give every patient the time, privacy, or attention they felt was needed. Their perspectives suggest the experience of care on Ward 19 reflects a wider set of tensions present across the NHS: between compassion and capacity, between demand and dignity, and between the principles of person-centred care and the practical realities of a strained system. Addressing these will require not only local adjustments but wider action to strengthen community care pathways, address hospital flow pressures, and investment in workforce support.

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 June 2025, we conducted two unannounced visits to Ward 19 at Queen Elizabeth Hospital. While the hospital was informed in advance of our plans to visit, the specific dates were not disclosed. Each visit lasted between two to three hours and involved four authorised representatives.

Before we approached patients, we checked with staff to make sure each person was well enough to take part if they wanted to. We employed a mixed-method approach that combined interviews and direct observations to gain a broad understanding of the experiences and perspectives of patients, families, and staff.

[1] Our Staff | Healthwatch Greenwich

Who We Spoke To

We spoke to six patients, six 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
1	0	0	7	0	4
12					

Gender			
Woman	Man	Non-binary	Prefer not to say
6	3	0	3
12			

Disability/long term condition (LTC)		
Living with disability/ LTC	Not living with disability/ LTC	Prefer not to say
8	1	3
12		

Age			
Under 24	25-49	50-79	80+
0	0	6	6
12			

Carer		
Carer	Not a carer	Prefer not to say
3	5	4
12		

Observations

Staff Interactions and Ward Environment

During both visits, Ward 19 presented as calm, clean, and well-organised. Communal areas were tidy and thoughtfully laid out, with clear and accessible signage to support navigation for both patients and visitors. A designated family/visitor room is available, although it is also used for staff meetings, which may limit its availability for families during certain periods.

Noticeboards include helpful information such as general ward updates and guidance on Martha's Rule[2]. However, we did not see any information about how to request interpretation services or whether a hearing loop was available, potentially creating barriers for patients or families with communication needs.

Staff were observed interacting with patients in a kind, respectful, and professional manner, maintaining a calm and approachable presence. However, staff shared that low staffing levels sometimes affects their ability to provide adequate attention to all patients. During busy periods, quieter or less demanding patients may receive less support.

Despite staff efforts to provide high-quality care, we observed weaknesses in the protection of patient privacy, particularly for those in corridor beds. These areas offer limited physical separation from the surrounding activity and foot traffic, making it difficult to maintain a sense of personal space or confidentiality. On one occasion, we observed a patient having their bedding changed without a privacy screen in place. This lack of shielding exposed the patient to everyone (visitors, patients, and staff) walking past, potentially causing embarrassment and distress. This instance raises concerns about how consistently privacy and dignity standards are upheld across the ward.

Staff also reported that while the average stay is around two weeks, delays in arranging social care packages often result in longer stays. This creates additional pressures on bed availability and ward flow, further straining staff capacity and potentially affecting patient experience.

[2] https://www.lewishamandgreenwich.nhs.uk/marthas-rule

Service Strengths

Patient, Family, and Staff Perspectives

Care and Support

One of the clearest messages we heard was how much patients and families value the kindness and professionalism of staff. Patients told us they felt supported and safe. Staff were approachable and calm, taking time to explain things clearly and always checking in on them.

"They always ask how you're feeling and try to make you comfortable."

Families told us how the tone set by staff made a difference—not just in care delivery, but in the overall atmosphere of the ward.

"They always greet you with a smile—it really makes a difference."

Families told us the emotional tone of the ward was just as important as the clinical care.

"They don't just treat the illness—they treat the [whole] person."

Communication

Some patients and families told us that communication was generally good. Staff made the effort to explain what was happening and took time to discuss discharge plans and ongoing care. The open communication reduced anxiety and worries.

"They keep me well-informed. I feel confident in what's happening."

However, not everyone we spoke to had such a positive experience. Some said that communication could be lacking or inconsistent at times.

Food

When we asked about food, most said it was okay, but small improvements, such as more variety, could make a difference to people staying on the ward for longer periods.

Staff Perspective

Staff shared how proud they were of their work and their colleagues. Many talked about the strong sense of teamwork and the shared commitment to delivering the best possible care.

"We work incredibly hard. Everyone on this team genuinely cares about the patients."

Opportunities for Improvement

Patient, Family, and Staff Perspectives

Communication

While many families told us they felt well informed during their loved one's stay, some shared frustrations about not receiving updates, especially when it came to test results. These gaps in communication sometimes left families feeling anxious and unsure about what was happening.

"My mum had an X-ray and days later, we still haven't heard the results."

Waiting without clear information was difficult for families, particularly when decisions about going home were being made. For some, it felt like they were left out of the conversation.

"I'd like more regular updates. Sometimes I just don't know what's going on."

Delays in discharge, particularly where social care input was required, created frustration and anxiety:

"We're expecting sensory equipment but it's not ready yet."

Staff also acknowledged the challenge of delayed discharges.

"Sometimes we're caring for people who need specialist placements, but the equipment or support just isn't available yet."

They also shared how hard it is to balance giving updates with the pressure to discharge:

"We're told to discharge quickly, but if something goes wrong, we're blamed [by patients and families]."

We also heard about difficulties during discharge planning meetings when different services were involved. One family member told us:

"They said they had a good care plan for my mum, but they didn't. They talked over me in meetings and didn't listen. I don't trust them [the social services]—they have their own agenda, and they don't listen to the patient."

These kinds of experiences can leave families feeling ignored, just when they need clear communication and support the most.

Patient Dignity

We continue to be concerned about the use of corridor beds. Staff openly acknowledged that these spaces are far from ideal but said they are sometimes used as a last resort to avoid turning patients away when the hospital is under significant pressure. While we understand the difficult choices staff face, using corridor beds can mean that patient privacy and dignity are compromised. During our visit, we witnessed a patient having their bedding changed while lying in a corridor bed, without a privacy screen to shield them from view. This meant

the patient was exposed to passers-by, other patients, and visitors. A family member told us about a similar experience:

“My mum was changed in the hallway - exposed to everyone!”

This situation can be distressing for patients and upsetting for families. Even when care is delivered professionally and with compassion, the lack of privacy in corridor areas can leave patients feeling vulnerable and embarrassed, and their families upset and angry.

Losing something important in hospital can be upsetting, but when the item is as essential as a hearing aid, the impact can be much greater. One family shared their experience:

“She lost her hearing aids [on the ward] and we had to go through lost property. Now we’re dealing with PALS. It’s frustrating.”

For patients that need them, hearing aids are vital for communication, understanding care instructions, maintaining independence, and feeling safe in an unfamiliar environment. When these are lost, it can lead to additional confusion, distress, and isolation. For families, trying to locate missing items while also supporting a loved one can be overwhelming. Having to chase through lost property or raise a concern with the hospital’s Patient Advice and Liaison Service (PALS) adds to an already difficult situation. While these situations are sometimes unavoidable, how they are handled can affect how safe, supported, and respected patients and families feel.

Staff Perspective

Staff told us they were feeling overstretched, particularly when caring for patients with more complex needs, such as those living with dementia. We were told how the demands of the ward often outweighed the number of staff available. Night shifts were highlighted as especially challenging:

“We’re always short, especially at night. The ward is heavy—we need at least one more staff member.”

Staff explained how caring for patients with dementia required additional time, support, and emotional presence, something they wanted to provide, but struggled to deliver consistently due to time and staffing limitations. Despite these pressures, patients were quick to acknowledge the commitment of staff under difficult circumstances:

“They work hard, I can see that, but they need more people.”

Food Variety

Patients told us that the food on Ward 19 generally met their basic needs. Meals were served on time, portions were reasonable, and dietary requirements were considered where possible. However, some shared that the food lacked variety, especially for those staying on the ward for longer periods.:

“Some meals are alright, but it’s very repetitive.”

Another patient acknowledged the limitations of hospital catering but still expressed a desire for improvement:

“I’d appreciate more fruit or flavour. But it’s a hospital, not a restaurant.”

Overall, while patients typically receive kind and compassionate care, ongoing issues with communication, responsiveness to patient needs, and staffing shortages affect the consistency and quality of the patient experience.

Conclusion

Ward 19 provides a positive care environment, in a calm and well-maintained setting by a team of staff who were consistently described by patients and families as kind, professional, and respectful. Those we spoke to reported feeling well cared for.

However, our visits also highlighted areas where the care experience was less positive. Some patients and families reported delays in communication, a lack of timely updates, or uncertainty around discharge plans. These gaps affected how confident patients and families felt in the care received, or their role in decision-making.

Privacy and dignity were upheld within bays, but the use of corridor beds meant that physical space and shielding were limited, and we observed an instance where personal care was delivered without appropriate privacy. While staff aimed to maintain high standards of care, the ward layout in these situations did not support best practice. Other practical issues, such as the loss of personal belongings or limited variety in food choices, were also noted. While not always raised as major concerns, they may be areas for further attention.

Recommendations

The following recommendations are offered in the spirit of partnership and collaboration. They are not intended as criticism, but as a reflection of what patients, families, and staff told us during our visits to Ward 19. We recognise the efforts being made by the ward team and wider hospital leadership to provide safe, compassionate care under often challenging circumstances. Our aim is to support continuous improvement by highlighting areas where changes could improve the overall experience of care for patients and their families.

Communication with Patients and Families

While families told us that communication is often helpful and informative, we also heard examples where updates following tests or discharge plans were delayed or unclear.

- Review how communication about test results, care changes, and discharge planning is currently delivered to patients and families, and identify where delays or inconsistencies are most likely to occur.
- Where discharge planning involves multiple agencies, consider introducing clearer expectations or tools to support more inclusive conversations with families.

Staffing and Support

Staff described working as a strong and committed team but also reported feeling overstretched, especially at night and when caring for patients with dementia.

- Consider reviewing staffing models for night shifts and exploring whether additional cover or flexible approaches could support safer care.

Privacy, Dignity and Use of Corridor Beds

We understand the use of corridor beds may be necessary at times, and that policies are in place to maintain privacy. However, we observed an instance where privacy was not upheld, and a family shared similar experiences.

- Revisit protocols for use of corridor beds to ensure privacy screens are consistently available, in place, and used during any personal care.
- Consider ways of holding staff sessions on the importance of maintaining dignity in non-standard care spaces (e.g., corridors, shared areas), especially during high-demand periods.

Accessibility

While ward noticeboards were informative, there was no visible information on how to access interpreting services or hearing support.

- Ensure signage and patient materials include clear information on how to request translation, interpretation, and hearing support services, and test whether this information is visible and accessible to those who need it.

Limitations

This report is based on two visits to Ward 19, where we spoke with patients, their families, and some members of staff. While we gained insight into people's experiences, it's important to note that this report shows only a snapshot of experiences at that time. Experiences may vary depending on the time of day, day of the week, how busy the ward is, and how many staff are on duty.

We spoke to a small number of patients and families, and their feedback may not reflect everyone's experience. Those who agreed to speak with us may have had stronger opinions, either positive or negative, than those who didn't take part. This means the findings might not fully represent the views of all patients, families, or staff on Ward 19.

Some patients, particularly those living with dementia or who were too unwell, were not able to share their experiences. This means we have not captured the views of some of the more vulnerable patients on the ward. We also recognise that having our team present may have influenced how patients, families, and staff behaved or what they said, because they knew they were being observed.

Lastly, while this report includes some staff perspectives, its primary focus is on the views of patients and families and should be considered alongside other sources of evidence when reviewing service performance or planning quality 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 19, Queen Elizabeth Hospital, Stadium Road, Woolwich, London, SE18 4QH
Service Provider	Lewisham and Greenwich NHS Trust
Service Manager	Lorris Douglas, Ward Manager, Samantha Kelly, Head of Nursing for Medicine, Doris Wright, Ward Matron
Admission Information	From A&E and Ward 2, when their stay in the Acute Frailty Unit exceeds 72 hours and they no longer require acute intervention.

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, Doris Wright, Ward Matron, Michelle Acquah, Patient Experience Manager
Date sent:	21.07.25
Title of Report:	Enter and View Report, Elderly and Medical, Ward 19 Queen Elizabeth Hospital
Response	If there is no response, please provide an explanation for this within the statutory 20 days (by 18th of August 2025). Please note: This form and its contents will be published by Healthwatch Greenwich.

Date of response provided	20/08/2025
Healthwatch Greenwich Recommendations	**Communication with Patients and Families** While families told us that communication is often helpful and informative, we also heard examples where updates following tests or discharge plans were delayed or unclear. • Review how communication about test results, care changes, and discharge planning is currently delivered to patients and families, and identify where delays or inconsistencies are most likely to occur.

- Where discharge planning involves multiple agencies, consider introducing clearer expectations or tools to support more inclusive conversations with families.

Staffing and Support

Staff described working as a strong and committed team but also reported feeling overstretched, especially at night and when caring for patients with dementia.

- Consider reviewing staffing models for night shifts and exploring whether additional cover or flexible approaches could support safer care.

Privacy, Dignity and Use of Corridor Beds

We understand the use of corridor beds may be necessary at times, and that policies are in place to maintain privacy. However, we observed an instance where privacy was not upheld, and a family shared similar experiences.

- Revisit protocols for use of corridor beds to ensure privacy screens are consistently available, in place, and used during any personal care.
- Consider ways of holding staff sessions on the importance of maintaining dignity in non-standard care spaces (e.g., corridors, shared areas), especially during high-demand periods.

Accessibility

	While ward noticeboards were informative, there was no visible information on how to access interpreting services or hearing support. • Ensure signage and patient materials include clear information on how to request translation, interpretation, and hearing support services, and test whether this information is visible and accessible to those who need it.
General response[3]	Ward 19 is grateful for the valuable feedback received. The team is fully committed to utilising this feedback to enhance the quality of care and improve the overall experience for patients and staff. Staff are constantly reminded during 1:1 meetings of the available psychological and well-being services within the organisation. Since the launch of the Trust-Wide Compassion in Care Programme in October 2024, the team
	have become more aware of providing a compassionate and respectful environment for all patients, regardless of their location within the ward.
Response to recommendation 1: Review how communication about test results, care changes, and discharge planning is currently delivered to patients and	Communication regarding test results, care changes, and discharge planning is primarily conducted through daily board rounds involving the ward team and the wider multidisciplinary team (MDT). Information is shared either face-to-face to patients and their relatives as appropriate, or via telephone, ensuring timely updates on patient care. Nursing staff also play a key role in keeping families informed during visits.

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

families, and identify where delays or inconsistencies are most likely to occur.	All patient discharges are reviewed during these board rounds, and an escalation process is in place to help prevent unnecessary delays. However, delays and inconsistencies can still occur; we have multiple projects working in conjunction with each other to smooth out these processes.
Response to recommendation 2: Where discharge planning involves multiple agencies, consider introducing clearer expectations or tools to support more inclusive conversations with families.	The multidisciplinary team engages with patient and their families as soon as possible after admission, which allows enough time to discuss, identify needs and address potential challenges. At the daily board round, the roles and responsibilities of each agency and individual involved in the discharge process are discussed, to ensure everyone understands who to contact for specific information or assistance. The team communicate using clear, simple language that everyone easily understands. The point of contact should always be the nurse in charge of the Ward to ensure they can liaise with the key members of the MDT.
Response to recommendation 3: Consider reviewing staffing models for night shifts and exploring whether additional cover or flexible approaches could support safer care.	The Trust utilises the Safer Nursing Care Tool, a national resource for determining staff levels based on the acuity (how unwell a patient is and the level of care they require) of the patients being cared for. This has recently been re-reviewed and is in line with the national recommendations. Following the most recent staffing review, Ward 19's current staffing levels are five registered nurses and four healthcare support workers for the long day shift and four registered nurses and four healthcare support workers for the night shift. The ward currently operates a team rostering system where staff can request their preferred

	shift for the roster period, allowing for better flexibility and staff morale.
Response to recommendation 4: Revisit protocols for use of corridor beds to ensure privacy screens are consistently available, in place, and used during any personal care.	Privacy screens are stored in a designated area on the ward, which is easily accessible. The ward manager and housekeeper carry out routine checks weekly to ensure they are clean and in good working order and readily available for use. Staff are educated on the significance of maintaining patient privacy and dignity and are given training on consistent deployment of privacy screens when patients are placed in corridor beds. The division reviews the usage of boarded beds daily, and there are reviews of the equipment required, such as tables, chairs and bedside lockers.
Response to recommendation 5: Consider ways of holding staff sessions on the importance of maintaining dignity in non-standard care spaces (e.g., corridors, shared areas), especially during high-demand periods.	Staff are educated during the ward safety huddles on the significance of maintaining patient privacy and dignity, especially in corridor spaces. Training is provided with the support of the Professional Development Nurse on the correct and consistent deployment of privacy screens when patients are placed in corridor beds.
Response to recommendation 6: Ensure signage and patient materials include clear information	The ward has an iPad that is used to connect to interpreting services for different languages. Staff are given training to proactively offer and arrange interpreting services to those patients with needs. All staff must complete a 2-yearly training in equality and diversity, which enables them to understand cultural differences in

on how to request translation, interpretation, and hearing support services, and test whether this information is visible and accessible to those who need it.	communication and utilise interpreting services effectively. The ward uses the DALS interpreting services. Ward 19 will ensure there are visible and accessible contact details on posters.
Signed:	L Douglas
Name:	Loris Douglas
Position:	Ward Manager

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