healthwatch Hounslow

healthwatch Richmond upon Thames

West Middlesex University Hospital In-Patient Wards: Enter and View Report

Authorship

This report is a result of a collaboration between Healthwatch Richmond upon Thames and Healthwatch Hounslow. Healthwatch Richmond upon Thames led on designing the data collection tools, completing data analysis and the writing of this report. Healthwatch Hounslow were invited to input on the project design and took part in the data collection phase. Both organisations together worked to produce the recommendations to this report.

The provider was also fully engaged in the design of the project and supportive throughout.

Acknowledgements

We would like to thank the management, staff and patients of West Middlesex University Hospital who welcomed and assisted us in carrying out our visits.

The Project Team

We would also like to thank all the Enter and View Authorised Representatives who helped with designing the data collection tools, gathering the data and producing the final report. This includes: Bethel Tezera, Bonnie Green, Colombine Nuquet, Idhil Hirsi, Lila Rozario, Lillian Kerns, Mike Derry, Tadek Cordell, Tony Carraro, Rosanna King and Suzanne Kapelus.

Table of Contents

Introduction

West Middlesex University Hospital (WMUH) is located in the London borough of Hounslow and is run by Chelsea and Westminster Hospital NHS Foundation Trust. The hospital serves approximately 600,000 residents across the boroughs of Richmond, Hounslow, and Ealing and provides in-patient, outpatient, and emergency services to the boroughs' residents.

Notably, the London boroughs of Hounslow and Richmond fall under two different NHS commissioning structures, NHS North West London and NHS South West London respectively. This has led to multiple challenges around communication, integration and provision of services for Richmond residents. This is one of the key reasons we decided to do a deeper exploration into patients' experiences of the hospital.

This report outlines our findings from six Enter and View visits to WMUH in January and February 2026. We first present the report's key findings and background information on national and WMUH in-patient data. We then give detailed feedback summarising our observations and conversations with patients and staff. Finally, we make general and ward-specific recommendations to the hospital.

We are very thankful for the staff, patients, and their loved ones who shared their experiences with us. We appreciate West Middlesex University Hospital for being open to this project and supporting us throughout our work. We are also thankful to Healthwatch Hounslow and Healthwatch Richmond volunteers who participated in the Enter and View visits and helped give patients a voice. We hope this report offers some insights and solutions to improve in-patient wards.

"I would say it's all generally good and hard to complain about, but I do not feel in control of what is happening while I am here. You are waiting for them to decide what happens to you, rather than you and your family being part of the process."

This quote is from just one of the 88 patients we interviewed at West Middlesex University Hospital's in-patient wards, but it captures multiple themes and challenges we encountered. Overall, patients appreciate the care they receive and the hardworking, empathetic members of staff. In-patient wards are clean, the food is well liked, and individuals feel safe. However, concerns about communication and assistance emerged. Many patients do not feel included in decisions about their care, are uncertain about their next steps, and did not receive timely staff assistance.

Key Findings

General

- We spoke to **88 patients** and **10 staff members**.
- **17 patients** completed a follow-up survey.
- We visited **10 out of WMUH's 12 in-patient wards**.

Patient-Staff Interactions

- **94% of patients had an overall positive experience with members of staff**. This is notable and certainly supported by our observations.
- **Respondents raised concerns about timely staff assistance**. While this was a theme across wards, multiple patients' feedback from Osterley 1 was particularly concerning.

Information Provision

- **94% of patients reported receiving clear explanations of their care from staff**.
- **19% did not feel involved in decisions about their care**. Patients reported being *"moved…with no notice or explanation,"* unclear discussions around discharge, and minimal conversations with staff members about their care.
- **Almost a quarter of patients did not know what was happening next in their care journey**. This left them in a state of *"limbo"* and uncertainty.

Ward Environment and Safety

- **96% of patients described their ward as clean**. Several patients praised the cleaning staff for doing *"a good job."*
- **Patients and Authorised Representatives identified concerns over the upkeep and cleanliness of bathrooms**, particularly in Osterley 2 and AMU. These concerns included:
    - Water damaged ceilings,
    - Inappropriate chairs in showers,
    - Toilets and soap dispensers not being checked enough, and
    - Clogged shower drains.
- **Many patients reported poor WiFi connections and a general lack of entertainment options**. Patients reported that more entertainment options would improve their hospital stay.
- **41% of patients reported negative night time experiences**, describing high noise levels and *"lights [that] can be on."* Patients also reported staff shortages and lower levels of attentiveness at night.
- **17% of patients reported witnessing aggression or patients shouting at staff members**. Despite this, **patients overwhelmingly felt safe on their ward** and many commended staff on how well they had handled these stressful and aggressive situations.

Food and Drink

- **Patients spoke positively about mealtimes.**
- **Outside of mealtimes**, patients reported difficulties and delays with getting food or drinks.
- **Patients reported a lack of food options in the Emergency Department**.

Syon 1 and 2

- **Patients, Healthwatch Richmond, and Healthwatch Hounslow were impressed with both wards**. Staff members were friendly, kind, and helpful. Patients felt involved in conversations about their care, reported no problems with medication, and were comfortable asking for pain relief.
- **The ward was clean and notice boards were organised**. Posters were laminated and there were multiple opportunities for patients to submit feedback.

Lampton Frailty Unit

- **We raise concerns about the structure of the ward**. We found the SDEC's distance from the Emergency Department, lack of clear labelling, and the absence of material explaining the SDEC to patients to be confusing.
- **Patients reported negative experiences with staff assistance and adherence to soft food diets**.

Kew

- **Patients raised concerns over dismissive staff**. We observed two poor staff interactions and noted that some patients could not alert staff because their call buttons were not within reach.
- We have concerns over **cleanliness, unlocked rooms, and untidy equipment storage**.

Crane Discharge Ready Unit (DRU)

- **Open store rooms present risks to patients.** We witnessed a confused, unsupervised patient repeatedly wandering into these and had to intervene on multiple occasions for their safety.
- **Most patients were observed to be in bed all day**, despite visible posters encouraging staff to support patients to sit out of bed.
- **The ward was clean but cluttered**. Empty boxes were found near the fire escapes and a day room was filled with unused equipment.

Staff Experiences

- **90% of staff felt supported by the hospital and their co-workers**. Staff felt that the hospital effectively supports patients' needs and provides empathetic care.
- **More staffing, better shift management, and more entertainment options** would help staff and their department provide a better service.

Background

National Strategy

Several national strategies shape the delivery of care for elective and non-elective in-patients. These include a shift from hospital to community based care, improvements to discharge practices, reductions in Emergency Department waiting times, reductions in elective care waiting lists, and the expansion of virtual wards.

First, the 10 Year Plan outlines a national transition from hospital to community care (NHS England, 2025a). In an effort to improve acute services and reduce burdens on hospitals, there is a national shift towards neighbourhood based services. Patients are expected to have greater access to general practices and receive more personalised care within their homes and communities - thus relying less on hospital based care. Nevertheless, as this transition is ongoing, it is still pertinent to continue working to improve hospital services.

Second, NHS Trusts are placing an increased emphasis on improving discharge practices (NHS England, 2025b). Drawing on data from in-patient surveys, Friends and Family Test feedback, and PALS complaints, Trusts are identifying areas where discharge practices can be strengthened to support more efficient transitions out of hospital. WMUH is actively working towards improving their discharge practices. After discussions with the Hospital, we included questions about discharge planning in our patient surveys as it is a priority for them.

Third, the NHS is working to reduce waiting times for Accident and Emergency (A&E) patients and individuals on elective care waiting lists. National targets aim for 85% of Accident and Emergency (A&E) patients to be seen, treated, and discharged within four hours (NHS England, 2025b). Reducing waiting times in A&E is intended to improve patient flow, enabling more timely admissions to in-patient wards. Concurrently, the NHS is working towards enforcing the standard that 92% of people wait less than 18 weeks for elective treatment, including in-patient procedures (NHS England, 2025b). By March 2026, the NHS aimed to have 65% of patients waiting 18 weeks or less. Achieving these targets is expected to reduce waiting lists across all Trusts.

Finally, the NHS is promoting the expansion of virtual wards, with a target to maintain virtual ward capacities above 80% (NHS, 2024). Virtual wards, or 'hospital at home,' allow suitable patients to recuperate at home rather than occupying a hospital bed. This model can reduce hospital admissions and length of stay, lower readmission rates, and improve cost-effectiveness. It also increases patient choice by allowing patients to receive care in more familiar environments with family and support networks nearby.

Care Quality Commission Adult In-Patient Survey (2025)

The Care Quality Commission (CQC) undertakes an annual survey of the experiences of individuals aged 16 and over who spent at least one night in a hospital over a one month period. For Chelsea and Westminster Hospital NHS Foundation Trust, the overall rating was 'good,' with the Trust receiving rankings that were comparable to other trusts. However, admission and discharge from the hospital, noise on wards, being able to get food outside

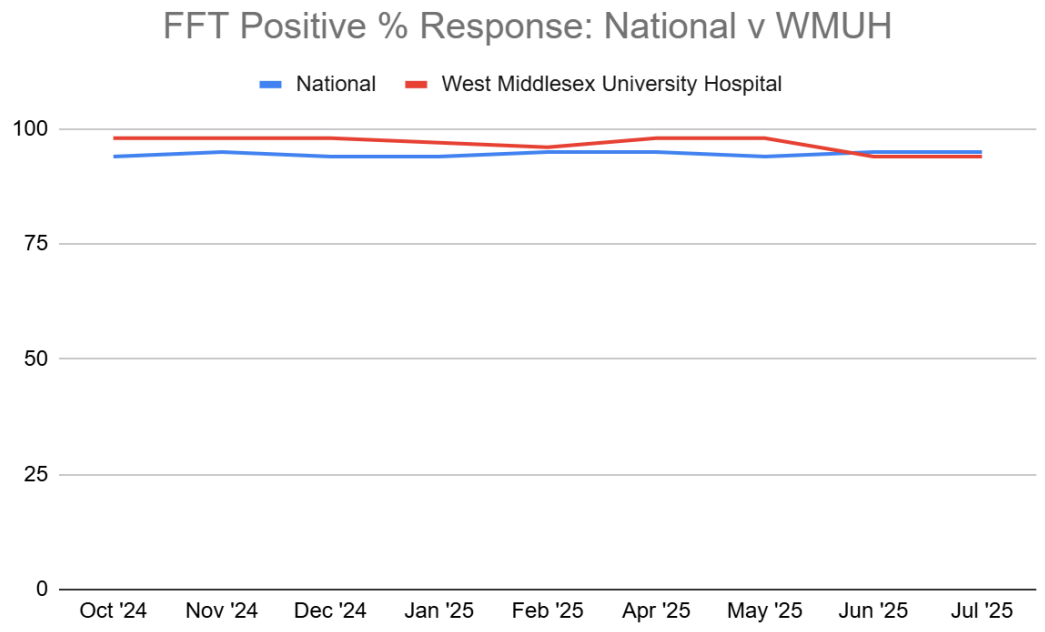
of mealtimes, and family and carer involvement in care decisions are areas for further improvement.

Category	Patient Response
Admission to hospital (waiting for a bed, waiting to be admitted)	6.8/10
The hospital and ward (noise, lighting, temperature, cleanliness)	7.2/10
Basic needs (medication, meal times, drinking, eating)	7.7/10
Doctors (answering questions, confidence, trust, communicating)	8.9/10
Nurses (sufficient staff numbers, confidence, communication)	8.5/10
Care and treatment (communication, information, privacy)	8.3/10
Individual needs (language, cultural, religious, accessibility)	7.7/10
Leaving hospital (involvement in decisions, advice, care)	6.9/10
Overall experience	8.2/10

In-Patient Friends and Family Test Data

The Friends and Family Test (FFT) is a survey distributed to patients who have used a service that asks them to rate their overall experience.

WMUH typically receives good ratings, however, since May 2025 in-patient services rank slightly below the national average.



Hospital Admitted Patient Care Activity 2024-25

We reviewed national, London, and Chelsea and Westminster NHS Foundation Trust data for in-patient admissions and length of stay from 2024-2025.

	Chelsea and Westminster NHS Foundation Trust	London	National
Admissions	169,415	2,777,405	18,468,856
Average time waited	47 days	66 days	84 days
Median time waited	14 days	28 days	34 days
Average length of stay	4.4 days	5.0	4.7 days

Enter and View at West Middlesex University Hospital

Local Healthwatch are organisations independent from the NHS, established by the Health and Social Care Act of 2012. Our purpose is to gather patient experiences in order to inform improvements in health and social care services. As part of the legislation establishing Healthwatch, we are entitled to "Enter and View" health and social care premises.

Enter and View consists of a team of trained Authorised Representatives visiting health and social care premises to understand how services are being provided. This includes talking to patients and staff and making observations about the service. Importantly, Enter and View is not an inspection. Authorised Representatives have a lay perspective and focus on understanding the views and experiences of staff and service users.

Healthwatch Richmond has a continued interest in the services used by the residents of its London borough. We previously conducted a series of Enter & View visits to six of those wards in 2019 to review WMUH's in-patient services. However, in-patient wards at WMUH have changed in the last six years, warranting an updated report.

Methodology

Following the background research outlined above, meetings were arranged with WMUH to inform them of our intentions and to open collaborative dialogue. Healthwatch Richmond visited the hospital on 6th January 2026 to talk through priorities and tour the site. WMUH shared the areas of in-patient experience they needed more insight into and helped design the data collections tools for this project.

We visited 10 of the 12 in-patient wards, across six visits:

Ward	Speciality	Beds	Visit Dates
Acute Medical Unit (AMU)	Acute Medical Care	60-64	21st January, 10am - 1pm 28th January, 7pm - 10pm
Syon 1	Cardiology	30-32	28th January, 7pm - 10pm
Syon 2	Respiratory	30	3rd February, 9am - 12pm
Osterley 1	Trauma and Orthopaedic	30-34	20th January, 3pm - 6pm
Osterley 2	Surgery	30	20th January, 3pm - 6pm
Richmond	General Medicine / Acute Care	20-24	21st January, 10am - 1pm 28th January, 7pm - 10pm
Lampton Frailty Unit	Frailty / Elderly Care	28	22nd January, 12pm - 3pm 29th January, 8am - 11am
Kew	Rehabilitation / Elderly Care	29-34	29th January, 8am - 11am
Redlees Stroke Unit	Stroke Care	28	21st January, 10am - 1pm
Crane Discharge Ready Unit (DRU)	Medically Optimised Patients	24	22nd January, 12pm - 3pm 29th January, 8am - 11am

Visits were conducted by a team of trained volunteers and Healthwatch Richmond and Healthwatch Hounslow staff. Observation checklists were used to record what Authorised Representatives saw, heard, and felt about each ward. When visits overlapped with meal times, tailored observation checklists were used to capture mealtime specific reflections. Semi-structured interviews were conducted with patients and, when relevant, their friends and family members. Responses were recorded anonymously. Patients were asked if they wanted to provide their contact details and consent for a follow-up survey.

We interviewed 88 patients and 10 members of staff. 17 patients completed a follow-up survey. Confidentiality of responders has been retained by removing identifiable details from quotes.

After each Enter & View visit, we met with WMUH staff to discuss what we had observed and give feedback. Any immediate safeguarding or patient safety concerns were raised to staff on the ward and WMUH senior management. Such cases have been noted in the report (see the 'Crane Discharge Ready Unit' section). We appreciate how responsive and open WMUH were to our feedback.

Before publication a draft report was sent to WMUH. The Trust then had 20 days to respond with factual corrections and provide an action plan to address our recommendations. The responses from the Trust are included in the 'Impact' section at the end of this report.

Limitations

This report captures the experiences of patients on in-patient wards over six visits; a small number of experiences at a specific time. We mitigated this by visiting the wards across different times of day and making return visits to some wards a week later at a different time of day to capture as wide a range of experience as possible.

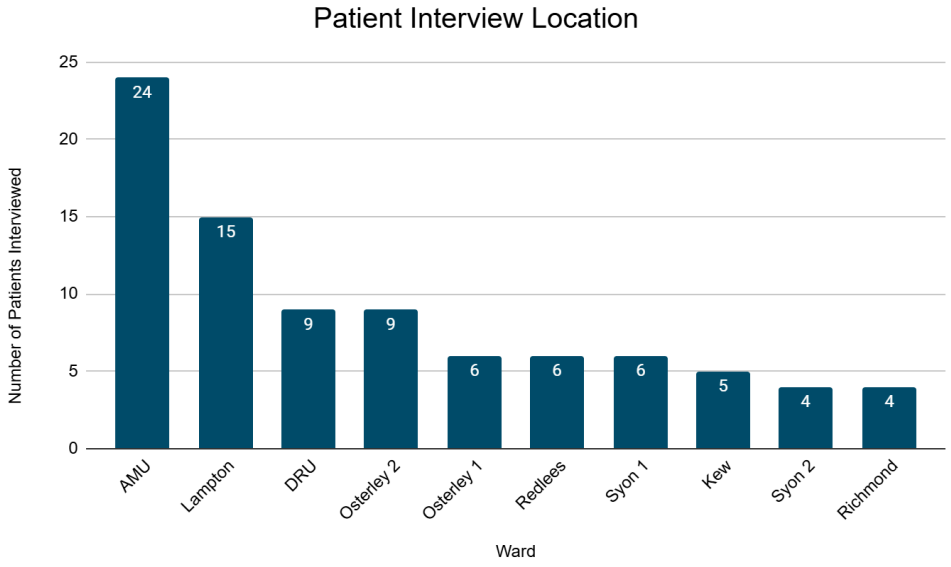
Participants may have moderated their feedback due to perceived risk of their care being affected if they gave negative feedback. We mitigated this by reassuring and reminding participants that their answers were anonymous.

Findings

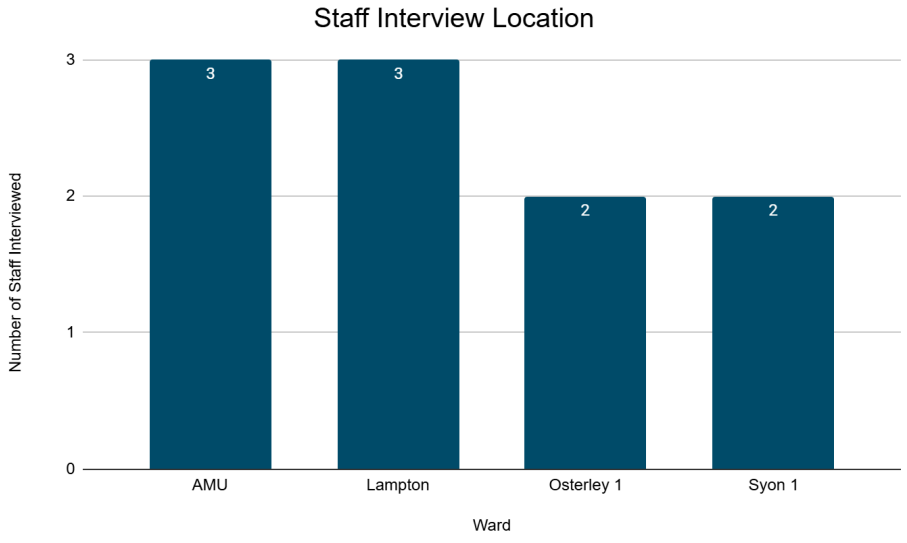
This section is structured to reflect the main areas of focus explored through patient and staff interviews and ward observations. First, contextual sections on interview location and admissions pathway situate the findings. Second, five key aspects of in-patient ward experience are examined: patient-staff interactions, information provision, ward environment, ward safety, and staff experiences. Finally, the following wards are discussed in dedicated sections to provide more detailed insights into ward-specific experience: Syon 1 and 2; Lampton; Kew; and Crane Discharge Ready Unit.

Patient Interview Location

We conducted 88 patient interviews and 10 staff interviews across six visits and 10 wards. We recorded where each interview took place. The location frequency is shown in the graphs below.



n = 88



n = 10

As shown in the first graph, the largest number of patients were interviewed in the Acute Medical Unit (AMU). This is the largest in-patient ward with 60-64 beds. We visited the AMU twice to better understand the experiences of patients being admitted from the Emergency Department. We visited Lampton and Crane Discharge Ready Unit (DRU) twice after observing and collecting concerning experiences during our first visits.

In Redlees Stroke Unit and Kew (an elderly care ward), it was difficult to find an appropriate time to speak with patients. When we visited Redlees, several interviews were interrupted by clinical staff undertaking patient care. This was expected, and we are grateful to have captured even a small number of experiences in addition to our observations of the ward.

It was challenging to interview members of staff, due to limited time around their professional duties. However, during quieter moments we were able to speak with nine staff members and one volunteer. Higher staff participation was recorded in AMU and Lampton, wards we visited more than once. Osterley 1 and Syon 1 were among the calmer wards we visited, which made it easier to collect staff experiences.

Emergency Department

The majority of patients (97%) we spoke to began their care journey in the Emergency Department (ED). Of the 85 patients admitted through the ED, 67% (57) shared their experiences. The largest group, 46% (26), were positive. Notably, two patients highlighted how the ED had improved in recent years.

Individuals reported lovely staff, efficient ambulance services, and short waiting times.

"[The staff] looked after me very well. I was given some sandwiches."

"I had a good experience throughout. It was easy waiting for a doctor, and I got my tests done quickly. I understood that there were some wait times because the doctor communicated well that another emergency case needed to be seen before me which was fine."

40% of patients (23) had neutral experiences or could not recall their time in the ED. 14% of patients (8) shared negative experiences. They involved long waiting times, aggressive patients, overwhelmed staff, and a stressful atmosphere.

"I was transferred from A&E after having an accident on my knee. After being discharged multiple times, it took one member of staff to really advocate for me enough to actually get a scan. I found this experience really difficult for me."

One patient was admitted on a Tuesday evening and waited 14 hours to get a bed. They described the ED waiting room as *"quite unsafe"* and noted that *"some people had 2-3 people accompanying them. I thought that was ridiculous because there are not enough chairs as is."*

Four patients also spoke about a lack of food options while waiting in the ED.

"They let me starve in Majors. I hadn't eaten anything since Friday and [on Monday] I didn't get any food in A&E"

For further data and recommendations, please read, West Middlesex Hospital Emergency Department and Urgent Treatment Centre: An Enter and View Report.

Elective Care

We visited elective care wards with the intention of gathering patient perspectives on elective care pathways however, only three patients of the 88 respondents were interviewed. There is therefore not enough data to report, and elective care remains an area of interest for Healthwatch Richmond to explore in future projects.

Patient-Staff Interactions

Positive Staff Attitudes

94% of respondents (83) gave positive feedback about staff attitudes and care. Our observations similarly indicated a friendly, kind, and professional rapport between staff and with patients. This positive feedback extended to all hospital staff, including nurses, doctors, physiotherapists, occupational therapists, and healthcare assistants. Some of the comments include:

"The manners, how [staff] treat you, their gentleness. Everything works. When you are sick, you feel overwhelmed. The staff are so good. It makes me think 'why didn't I come to the hospital earlier?'"

"They are good as gold…[The doctors] give me encouragement. The nurses are alright. They are always glad to help."

"The staff are very good…The occupational therapists and physiotherapists are motivating."

"The doctors are very good. The nurses are very good. They listen to what I say. They do what they say they will do and tell you things."

Patients felt supported by staff members. 19% of patients (17) described staff as responsive to their needs, with several noting how they would go out of their way to make them comfortable: *"they make you a cup of tea at 2am if you want to."*

Two patients also highlighted staff members' excellent support navigating a language barrier and inability to communicate. In both instances, family members felt respected and appreciated the staff members' patience.

"I have been very impressed with the staff. Everyone has been kind and respectful. My mother understands English but does not speak it well, especially when she is feeling weak. The staff have been very helpful with this."

Staff empathy was another positive theme across wards. 11 patients described staff members as compassionate, noting that their voices and feelings were acknowledged. Patients particularly appreciated when staff explicitly considered their needs by asking questions and actively involving them in decision making. Interactions in which staff, especially doctors, made time to check-in, chat, and engage with patients were reported to have a meaningful impact on patient experiences.

Overall, patients understood the pressure staff are under and expressed appreciation for their hard work. Staff members' efforts to make small talk with patients and update them about the status of their care were recognised and valued by patients.

"Staff have been great, it is clearly really busy and they have a lot of work to do but still try their best with the resources they have."

Staff wore dementia friendly and accessible yellow badges with their names and professions. They also had on clear, easy to differentiate uniforms. A guide to the uniforms and their respective roles was located by the main whiteboard on every ward.

Poor Staff Attitudes

Despite largely positive feedback on staff attitudes, 6% of patients (5) reported negative experiences. These included descriptions of rude interactions, and a general disappointment with staff attitudes.

"The nurses can be quite rude…You get all different people. Some good and some don't care."

Two negative experiences were about Kew and two were about Lampton. These are explored later on in the ward specific section. While these examples represent a small portion of patient experiences, they are important to note, as we also observed some poor interactions on these wards and negative feedback is concentrated on Kew and Lampton.

Staff Assistance

We received varied feedback on staff assistance. Several patients reported having to push the call button multiple times to get staff attention. We spoke to one patient in the DRU who had previously been in an Osterley ward (they could not recall which one). The patient said:

"I kept ringing the bell to get assistance but people wouldn't come… I tried to use the bathroom by myself after 1.5 weeks on the ward. I got the walking frame, but I lost my balance, fell, and hurt my shoulder. The nurse said I should have called someone and I told her I did. The same thing happened again. I was getting annoyed…"

Another patient shared a similar sentiment:

"I have waited on average 2-3 hours to get assistance to go to the bathroom."

In Osterley 1, we observed a similar situation. A patient pressed the call button multiple times to get assistance to go to the bathroom. After waiting a little while, a family member of a different patient went up twice to get staff's attention. The patient eventually started getting up by themselves to get to the bathroom before a member of staff finally came over to help.

Delays in assistance, particularly with bathroom use, are concerning. One patient even reported intentionally drinking less water throughout the day in order to minimise the need to use the bathroom. Such delays can place patients at risk of dehydration and negatively impact recovery.

Furthermore, two patients were apprehensive to ask staff for assistance.

"I feel almost scared/embarrassed to ask for assistance to use the toilet and bathroom facilities'. I have also tried to speak with my clinical team but no hope there, they have not made an effort to check in on me. I feel like every inquiry I have they have 'no' as an answer, staff have been very dismissive throughout my stay here."

"...The doctors are very nice. Some of the nurses are a bit...They make you feel like a bit of a nuisance."

If patients are too scared or feel like a burden, negative consequences, as discussed above, can occur.

Medication Provision

95% of patients (81) felt comfortable requesting pain relief. Patients reported receiving pain relief *"immediately"* after requesting it and nurses continuously checking in with patients about their pain levels.

"I said I was in pain and got relief quickly."

"Staff are very alert to how the patients are feeling and would very likely anticipate the need for pain relief."

Two patients reported delays in receiving pain relief, including one incident occurring at night. In addition, two patients stated that they would not request pain relief and one patient was unable to do so. The three patients who would not or could not request pain medication did not elaborate on their reasons.

"I have had some problems with pain. I woke up at 4am in pain but I was told I had to wait 3 hours for any more painkillers. They couldn't give me anymore. It was very painful. The doctor has now given me stronger painkillers and it is much better."

We spoke to seven patients (9%) who experienced communication issues regarding their medication. These concerns included not understanding what medication they were on or why they were on it, not receiving timely help with medication or IV difficulties, and information not being transferred from their GPs or when moving wards.

"There have been some communication problems when moving wards - I had to remind them when moving into this ward that I need my tablets crushed as I have problems swallowing."

Care of People Experiencing Confusion

Across several wards, we spoke with patients experiencing varying levels of dementia and/or confusion. Although interview questions did not specifically focus on dementia care, several patients and family members shared relevant experiences. While this reflects a small sample of individuals, these insights highlight important considerations for dementia care within in-patient wards.

A couple of patients and their family members described issues related to medication provision or transferring medical histories, particularly when moving between wards. For example, a patient was prescribed a medication in WMUH that they had previously stopped taking because of a negative reaction to it. Another family member noted that important medication instructions were sometimes missed during handovers, causing the patient to refuse medication.

"Sometimes communications issues, probably missed during handover...My mother's medication has to be crushed into her food for her to take it - she is living with advanced dementia. And sometimes this information is not passed on, so she won't take it."

One patient's daughter also strongly emphasised the need for a specialist dementia nurse on wards with high amounts of patients who are experiencing dementia or confusion. While the family member described staff as kind and supportive, she felt they were not always equipped to manage the specific needs associated with advanced dementia. In a follow-up survey, she described experiencing little to no communication from staff regarding her mother's care decisions and discharge plans. As a result, she reported taking on a greater share of her mother's care to ensure her needs were met. We observed a similar need on DRU and Lampton, where many patients appeared to be experiencing some level of confusion. These experiences suggest that a greater consideration of cognitive conditions in care planning, supported by specialist nurses, could help guarantee more consistent and appropriate care.

"I would have wanted specialist dementia nurses. No offense to this team, but my mother needs a very specific type of care. You have to be trained to take care of this kind of patient, it is so specific."

Patients and their family members also expressed a desire for more transparent information sources. For example, dementia-friendly food menus were observed in Lampton (see photo); however, it was unclear whether these are distributed to patients or

left in brochure racks (other patients in Lampton reported not receiving menus but no one with dementia specifically raised that concern). One patient also suggested having a clearly identified person for information and communication about their care. With multiple staff members involved in their care, they would have appreciated a central contact they could consult. Ensuring that information sources are clearly identified and dementia-friendly could improve accessibility and understanding.

"Because of my dementia, one person as a source of information would be helpful. We are talking to so many different people (occupational therapists, doctors, physios, etc.), it would be nice to have one central contact that knows everything. It also happens quite often that you ask people about something and no one gets back to you."

Information Provision

Communication and Patient Understanding

We asked patients about the quality of communication and understanding of their own care. Overall, patients reported having a good understanding of their conditions and the medical terminology used in their care. 94% of patients (32) described receiving clear explanations from staff. Five patients also noted that if they did not understand something, they would ask for clarification. Staff were described as giving detailed explanations, providing regular updates to patients, and demonstrating patience.

"Nurses are really good. Quick. West Mid is much better than [other hospital] at telling you what's going on and explaining what's happening e.g. test results."

"Certain members of staff have come and followed-up to ensure peace of mind. I have appreciated that. There is the sense that something is always pending, so following up is really appreciated."

One patient's experience strongly illustrates the importance of clear staff communication and explanation. This patient was brought to WMUH by ambulance and reported being in a state of extreme confusion during the early stages of their stay. As they gradually became more aware of their surroundings, the patient found themselves moved to different wards and connected to medical equipment they did not understand. The patient did not comply with staff instructions until the care decisions and equipment had been clearly explained to them.

"I moved wards with no notice or explanation. The porter came and moved me. I also needed to wear a mask (CPAP machine). When it was first put on, I fought it. But one we talked it through, it was fine. Once I realised the purpose, I turned the corner. It's understanding for me, the necessary part of it was for me to understand. I have been better now, they helped me. But at first, it was unnerving."

Four patients requested that information be written down to strengthen understanding and retention. Most information was communicated to patients verbally, which can be a lot to process, remember, and keep track of. Patients mentioned this in relation to medical information and meal times.

"I would have the staff provide more information. Like I print out so you know exactly what happens."

Two patients, one in Kew and one in AMU, expressed confusion and a poor quality of communication. They had not been recently updated on what was happening nor had medical terminology sufficiently explained to them.

"Well, I haven't seen a doctor since I came to this ward and no one has told me when I will see one. I had some tests in A&E so I hope they will have the results of those. The staff seem friendly but don't seem to be clear about the next steps."

Involvement in Decisions

67% of patients (56) felt involved in decisions about their care. 14% (12) described feeling 'sort of' involved or 'did not know.' Patients who did feel included in care decisions described feeling *"respected" "valued"* and understood.

"I feel they are treating me very much as a person and respect me as an individual."

"Staff have involved us every step of the way, and been very open and honest."

19% of patients (16) did not feel involved in care decisions. These patients reported moving wards with no explanation, unclear or conflicting discussions around discharge, and a lack of conversations about their prognosis or care.

"I don't understand how the release process works - I have been waiting to be released but I am not clear on what I am waiting for."

One patient expressed frustration over having to repeatedly provide their medical history to staff members. This once again highlights inefficiencies in the transfer of medical information across practitioners and created a sense that staff were not listening. Consistently repeating themselves can be distressing for patients and leave them feeling overlooked or isolated from staff. It can also contribute to mistrust or feelings of substandard care.

"They don't listen. I have other health conditions and I am always repeating information."

Future Planning

62% of patients (50) understood what was happening next in their care journey and what they were waiting for. 15% of patients (12) 'somewhat' knew what was happening and 23% of patients (19) did not know what was happening next. Patients described doing a lot of *"waiting"* and being stuck in *"limbo"* while they waited for doctors or other members of staff to update them on the next steps of their care. This can be discouraging for patients and leave them feeling unimportant and uncared for.

"Not at all, I am waiting on support from adult social care and am yet to hear from them. I feel like I'm caught in the middle of both services and feel discarded almost."

Insufficient communication around future planning and goals can also delay improvements in patients' health and wellbeing. As one patient explained, understanding what their discharge goals would be motivation to improve.

"I am waiting to go to rehab. I do not know what goals I have to achieve here before they let me go. I have regained some strength and can walk with an upright walker quite well now, though I could not walk unaided. If they had told me what I need to achieve to move on, I would be more motivated to do it."

Ward Environment

Cleanliness

96% of patients described the ward they were on as clean. Several patients praised the cleaning staff for regularly collecting rubbish and sweeping the floors.

"Always clean, always someone sweeping. Toilets are always clean."

"The cleaners come often and do a good job."

"I think the standard of cleanliness is high. I have no concerns."

We observed a similar level of cleanliness across wards. However certain issues in Kew stood out. This is explained in further detail in the Kew subsection below.

Bathrooms

When discussing ward cleanliness, several patients expressed a desire for more frequent checks of the bathrooms, particularly the toilets and soap dispensers. We also received feedback that toilet rolls were sometimes incorrectly placed in the dispensers, making it difficult for patients, particularly ones with a disability, to access.

In multiple wards, we observed water damage on bathroom ceilings, including AMU and Syon 1 (see photos below). Patients also reported clogged and unfit showers during follow-up interviews, particularly on Osterley 2.

"[I would improve] the upkeep of bathrooms. The shower didn't work properly. It was so old fashioned it was unbelievable. And for a disabled person that makes it very difficult."


Additionally, we observed inadequate shower chairs in multiple wards, including Osterley 2, Richmond, and AMU (see photos below). These chairs were poorly designed for draining water, which would make showers uncomfortable or unsafe for patients. Ensuring each shower has an appropriate chair inside would increase patient safety, dignity, and hygiene.


Beds

The majority of patients found their beds to be fine. Those who asked for extra pillows received them in a timely manner. Sheets were changed regularly during the week and beds were as comfortable as to be expected.

"The beds are always clean with clean sheets."

Most patients felt like they had enough space to securely store their belongings. However, a few mentioned that the positioning of the storage spaces made it hard to independently access their belongings. While staff can assist in such cases, the location of storage may present a particular challenge for patients with limited mobility. Four people, three of which we spoke to in Osterley 2, did not have a lock on their drawers and did not

feel like their belongings were secure. Staff should ensure drawer locks work for every patient.

"There is a place to lock things up which is good as people wander around here."

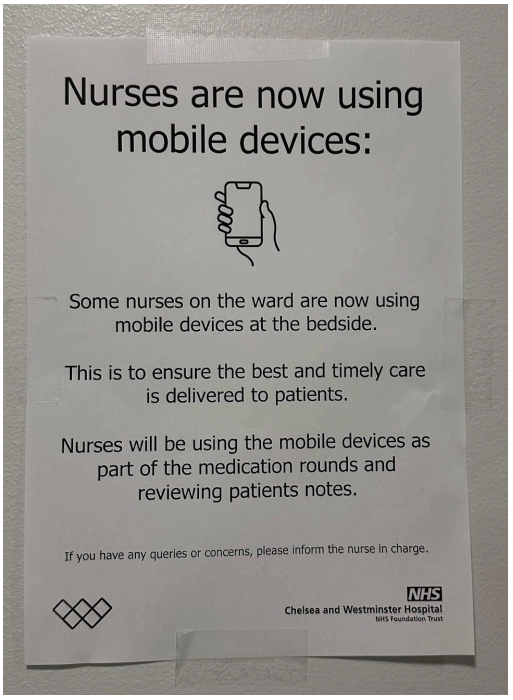
Every bed had a call button for patients to alert staff. However, in Osterley 1, we heard from a visitor that several patients did not know they had a call button until several nights into their hospital stay. Furthermore, we observed a couple instances of call buttons being out of reach for patients.

"They never told us there was a buzzer by your bed to get help. A lot of people are reluctant to get help."

Clocks and Posters

Across all wards, clocks were set to the correct times and dates. However, we did observe a general lack of clocks and dementia friendly clocks. We recommend adding more dementia friendly clocks that can be easily seen by patients from their beds.

Most, but not all, posters were laminated. Every ward had a central whiteboard with descriptions about what the different staff uniforms indicated. That was helpful for patients, visitors, and our Authorised Representatives. Other helpful signs touched on how to escalate patient concerns, bereavement resources, how to improve your inhaler technique, and alerted patients that nurses may be using mobile phones during bedside checks (see second photo, notably the sign is not laminated). We also observed several posters that were no longer relevant, for example, one promoting a charity walk that took place in September 2025.



Entertainment Sources

Of the 10 wards we visited, Lampton, Reedless, Kew, and DRU had TVs. Not all the TVs were turned on during our visits. The ones that were had the volume off/down and displayed subtitles. We observed both visitors and patients enjoying the TVs that were on.

Patients relied on books and newspapers brought from home, their phones and other patients or visitors for entertainment. Free WiFi is provided by the hospital, but 13 people described it as *"too slow for streaming," "not working properly,"* or *"terrible."*

"No entertainment, I asked for a newspaper and was scolded."

12% of patients (9) responded with entertainment when asked what they would improve about their stay in the hospital.

"TV or radio or something. I want to get out. It's so boring."

"She would like to listen to music. The wifi is not really good enough for that."

Improving the WiFi connection, having TVs or radios widely available, or offering newspapers, magazines and books would positively impact patients and visitor experiences – especially on weekends when the hospital is especially slow.

Night Time

43% of patients (34) described night times positively. Patients reported that lights were turned off on time, noise levels were manageable, and they were able to get a good night's sleep. Sleeping medication was offered and administered when appropriate, which was appreciated and improved sleep quality. 10% of patients (8) described nights as neutral, '*no difference*,' or '*[can] be good or bad*.'

"The ward is quiet at night and I am able to get a good night's sleep."

"I sleep with a sleeping mask and that really helps. It is actually perfect. There is no noise in this ward, no bright light at night. And I wake up and they bring me coffee directly, it's really nice."

However, 41% of patients (33) reported negative experiences. 91% of these patients (30) raised concerns over excessive noise that prevented them from sleeping. Other concerns included patients being moved overnight, limited staff presence, and lights not always being dimmed or turned off. Seven patients also discussed not being offered amenities such as eyes masks or ear plugs to help them sleep.

"Extremely noisy. A patient was snoring. One was talking. I got no sleep. They turned the lights off when I asked but they left some on."

"It's noisy. The lights can be on. I'm not able to sleep much."

While negative experiences were reported on all wards, 29% of patients (11) had a poor experience on AMU, the most of any ward. Nine patients discussed high noise levels interrupting their sleep. This included noises from other patients (e.g. snoring, talking), staff taking patients' blood pressure/temperature, and patients moving around (e.g. repeatedly getting out of bed or getting transported). Four individuals also reported the lights coming on throughout the night or not being completely turned off.

"[It is] noisy at night (I had to be moved because of it). I was scared. A nurse sat with me all night. It is also light. I have to put the covers over my eyes. I asked for an eye mask but they didn't bring it. I have ear plugs."

"The night staff are a little occupied. It seems like they just want to get the job done. It's a bit isolating. I am a light sleeper, so it's a bit difficult to sleep. It's noisy, there is a lot of snoring. I wasn't offered any eye masks or ear plugs."

While it can be difficult for wards to control noise created by other patients, ensuring lights are dimmed at bedtime, minimising overnight patient transfers when possible, and consistently providing amenities to support sleep could help improve patients' sleep quality and overall night time experience.

The vast majority of patients felt comfortable alerting staff to concerns overnight. However, some general concerns were raised over night staff, including excessive noise, staff shortages, and lower levels of attentiveness. Some patients reported needing to ask multiple times for medication or assistance and described instances of staff speaking loudly outside bays or at nursing stations.

"She experienced pain on night one. I needed to shout out loud. A lot of complaints about lack of care and kindness from the night staff."

"The night staff are a little occupied. It seems like they just want to get the job done. It's a bit isolating."

"I haven't had a good night's sleep since I was admitted. There are nurses and staff giggling in the night and having loud conversations at the station which I don't think is appropriate."

Weekends

We spoke to 42 patients who have been in the WMUH over a weekend. 45% of patients (19) described weekends as *"boring"* or *"quiet."* 33% of patients (14) noted no difference between the week and weekends. 14% of patients (6) noted that there were not enough staff on the weekends. Two patients were concerned that their sheets had not been changed over the weekend. Communicating to patients how often they could expect linen changes could resolve this.

"Weekends are a bit quiet. I prefer it when there are more staff around and you have therapies which should help you get better more quickly. There is not much stimulation in the ward."

"It fluctuates a bit. There's not enough staff. It never affects me but some people have to wait a bit longer than they want."

"[My sheets] are not changed everyday. They weren't changed over the weekend."

Ward Safety

Notably, 94% of respondents (78) felt safe on their ward. Six patients described feeling somewhat safe and two recalled past experiences at WMUH when they had felt unsafe.

"Yes I feel safe. During a previous visit here West Mid I woke up and the patient next to me was with a policeman. I guess it depends on which patients are with you in the bay. But right now I feel safe."

While this is concerning, part of this patient's lack of safety was not understanding what is going on and not feeling like their needs were being considered. This example further illustrates the need to ensure decisions are communicated to patients and that members of staff are making an active effort in involving patients in decisions about their care.

17% of patients (14) spoke about witnessing aggression or shouting at staff members on the ward. Positively, many patients commended staff on how they handled stressful and aggressive situations. Additionally, every patient that reported witnessing aggressive or tense incidents still felt safe on their ward. Staff should be applauded for continuing to foster a safe environment despite these challenges.

"I have witnessed some aggression but staff couldn't have been nicer in response."

Food and Drink

Overall, 90% of patients (72) spoke positively about mealtimes and food choices. Substantial portion sizes, food variety, and staff accommodating to food preferences and allergies were frequently mentioned. Several patients appreciated the extensive food options for different dietary requirements or cultural preferences. The majority of experiences noted that meals were served on time and at the appropriate temperature. Water jugs were on every bed and consistently topped up in every ward we observed.

"The food menu is very very good, caters for all cultures and all different types of quirks of being vegan or whatever."

"The food is good and the menu is structured well. It has a simple design and different choices which I think is helpful for people on low salt diets."

"They are quite good. And the staff is helpful with the meals, they give you many options. And they have different diets, the food is healthy. I always pick the healthy option, I can easily identify it on the menu."

Although general food experiences were positive, some nuances did emerge. Many patients experienced difficulties with the menus, either not being able to find them or

originally getting verbally told the food options every day instead of reading them from the menu. This was particularly difficult for older patients, namely in the Lampton, Kew, and Redlees wards.

"My relative told me you can ask for food outside set mealtimes but I don't know how to do that. I have not seen a menu. But as I said I only want small tastes of food, not a proper meal. I am not a large person."

Concerns were also raised over mealtime assistance. WMUH uses red food trays to signify which patients need assistance eating. Yet, we observed several patients with red trays eating without assistance.

"They are not as good as they should be about bringing meals on time. I can't see my meals so I need to be told what the food is and fed. My son typically takes it over and does it myself."

While diet accommodation and food choice was generally described positively, we did record eight (10%) negative experiences. We collected two instances of soft food diets not being properly adhered to, with patients receiving items that they did not request or could not eat. Both these instances occurred in Lampton and are explained in further detail below.

We also asked patients if they were able to get food and drinks outside of set meal times. Responses were mixed. All patients reported having access to water, tea, and coffee throughout the day. This was highly appreciated, with several participants feeling particularly touched when staff personally brought them a drink. Most patients were able to obtain food outside of mealtimes, did not require additional food, or supplemented meals with food brought from outside the hospital. However, 14% of patients (10) were not able to get food outside of meals, and a couple others noted delays in receiving food or drinks after requesting them from staff.

"I have asked for a snack and didn't receive it."

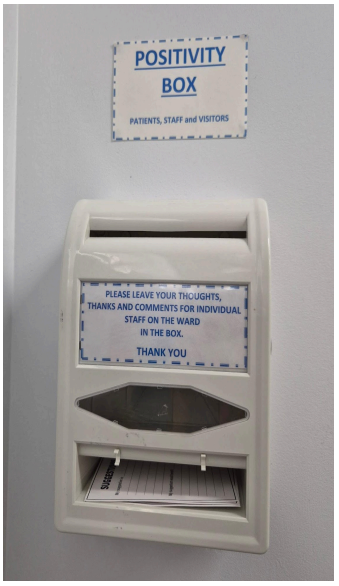
"No, not able to get food outside meal times. It's why most people bring snacks from outside."

In tandem with increased access to printed out menus, information about what additional food is available to patients in-between mealtimes would be beneficial. Patients reported feeling *"shy"* or bad about asking for more food since staff *"are busy enough."* Clear signage or guidance from staff on hospital food policies could help prevent patients from feeling hungry or reluctant to request food outside of mealtimes.

"The food is not enough. I get a little shy and I worry [about] asking for more food."

"No, not able to get food outside meal times. It's why most people bring snacks from outside. A water jug is always nearby."

Syon 1 and 2



Both the Syon 1 and 2 wards received extremely positive feedback from patients and our Authorised Representatives. At the time of observation, both wards were orderly and efficient. Staff were seen interacting positively amongst each other and with patients. Bays were clean, water jugs and hand sanitisers were at the end of each bed, and face masks, gloves, and aprons were frequently available.

Positively, there was a substantial amount of helpful, laminated posters throughout both wards. We particularly noted an anonymous positivity box and wall of thanks (see photos) that we feel added to a positive ward environment. Additionally, there was an anonymous suggestion box and leaflets on support groups, religious texts, financial support, and help for bereavement available at the nursing station. This is all extremely helpful information and was positive to see.

100% of patient responses had positive interactions with staff. Staff were described as *"excellent,"* working *"very hard, very fast," "helpful,"* and *"friendly."* Patients felt involved in conversations about their care, reported no problems with medication, and were comfortable asking for pain relief. Meals were described positively, with patients reporting consistent access to food and drinks outside of set mealtimes. A couple patients described night times as noisy, but patients were generally able to get a good night's sleep. Notably, of the nine patients interviewed on the wards four would have liked to receive more information about their care, three would improve entertainment options, and one patient would add additional staff members.

Overall, we were very impressed with the care and environment in Syon 1 and 2. However, main concerns in this report, such as a lack of information provision and entertainment options, were still raised by patients interviewed in these locations.

Lampton Frailty Unit

WMUH operates a Same Day Emergency Care (SDEC) unit inside the Lampton Frailty Unit with three rooms that are interchangeably used as siderooms and SDEC rooms depending on patient needs and hospital demands.

We found the structure of the SDEC/Frailty Unit to be confusing for several reasons. First, Lampton ward is not located close to the Emergency Department. We informally spoke to one patient who was attending a follow-up appointment in one of the SDEC rooms. He and his family were escorted to Lampton by a hospital staff member. We wonder whether this SDEC is appropriately located and well-signposted to patients.

Second, there is no clear labelling, besides three stickers on the floor (see photo), differentiating SDEC from general Lampton rooms. The stickers are permanent, but the rooms are not always used as an SDEC. During one of our visits, only one of the three 'SDEC' rooms were being used for emergency care purposes. The other two operated as regular siderooms for Lampton patients.

Finally, we were told that there were flyers and papers located in SDEC rooms explaining what patients should expect; however, we could not find anything that matched this description.

We are concerned that on Lampton, a ward with a high number of confused or disoriented patients, the unclear split between the SDEC and in-patient ward can lead to unnecessary difficulties for patients and visitors to navigate.

We visited Lampton ward twice. On both occasions, we attempted to let staff know that we were there before talking to patients; however, this proved difficult because we could not identify the ward manager and the receptionist did not respond when we asked for help.

Two patients reported negative experiences with staff, specifically pertaining to staff assistance. One patient reported the doctors to be amazing but that the nurses *"make you feel like a bit of a nuisance."* The second patient reported having to wait *"a long time for a response"* after ringing the bell. This delay left them with a general *"disappointment"* in staff. Beyond these experiences, patients reported lovely staff members and interactions on the ward. We observed staff compassionately assisting patients and fostering a positive environment.

The ward was clean, with numerous laminated posters displayed throughout the corridors. There was a brochure stand in the main corridor, storing menus, descriptions of the frailty unit, when and how to access support, and how to register with a GP (see photo below). However, patients reported that they had not seen physical menus. We also observed helpful information posters at the end of the main corridor. The posters felt hidden at the end of the hall. Displaying them at the entrance of the wards would likely increase visibility.

We also collected two instances of soft food diets not being properly adhered to in Lampton, with patients receiving items that they did not request or cannot eat.

"Whatever we ask for, they don't always bring. We ordered a sandwich and they brought something else. Mum is on a soft diet and it has taken some time for it to get sorted."

"With the SLT we decided that mum needs to be on a soft and moist diet but when I arrived they were giving her something else. So the decisions made by SLT don't seem to be filtering down. Mum needs help to eat."

Kew

Kew is a rehabilitation and elderly care ward with all patients we spoke to on the ward experiencing varying degrees of confusion. This context should be acknowledged when considering this feedback towards staff and safety, however our observations of the ward support patient feedback.

Despite feedback on staff attitudes being largely positive, concerns were raised on Kew. We observed two and recorded two negative experiences with staff attitudes. We observed an instance where a staff member could not effectively communicate meal choices to patients. We also heard a charge nurse speaking about patients living with degrees of dementia in a mildly disrespectful and dismissive tone.

"Sometimes alright. But on the whole, not very good. They walk away without saying anything. They won't give me pills at the right time. I have to fight all day to get my pills. It's very haphazard. The nurses give orders rather than help. Some do."

"Not too bad. The nurses can be quite rude. I ask if they can help me go to the loo. You get all different people. Some good and some don't care. I've only seen one doctor. He was alright."

We observed instances of inadequate support being given to people requiring the bathroom and patients' call buttons not within reach. A couple patients also described feeling unsafe on Kew.

"I felt safe in Marble Hill. I don't feel safe down here [Kew]…I think there needs to be more understanding of patients and to work out what their needs are. I'm unsettled here and moving to this ward."

We also have cleanliness concerns on Kew. The ward appeared untidy, with equipment left out, storage and utility rooms unlocked, and items stored in a haphazard manner (see photos). Unlocked rooms and unattended equipment are concerning, as patients walking around the ward can become stranded, inadvertently injure themselves or access restricted items. There were also items in bathroom bins that should have been placed in dirty utility (see photos). Breakfast trays were still out at 10:30am even though patients had clearly finished eating. We did not see this in any other ward.

The notice boards were unorganised, with several overlapping posters hung up with Sellotape or masking tape. 'I am clean' stickers were placed on several items, but dated to a couple weeks before our visit and no longer appeared clean.

Crane Discharge Ready Unit

DRU is a 24 bed ward where medically optimised patients typically stay while waiting for care packages or placements after they leave the hospital. We visited DRU twice. During the visits, we observed patients frequently wandering around the ward, a toilet under construction, and significant foot traffic in the main corridor.

During our first visit, we observed a confused elderly patient, unsupervised, repeatedly wandering into an open storage room. Authorised Representatives followed them into the room to make sure they did not harm themselves and to monitor the situation. We reported this incident to the nurse and hospital management on multiple occasions. Despite our intervention, the door was left open and the patient continued to wander unsupervised into the store room. When we returned to DRU a week later, a supply closet was once again left open along with the door to a dirty linen closet. With patients wandering around the ward unsupervised, we feel this is a large health and safety risk that must be addressed.

We also observed a member of staff audibly inform a patient that they needed to *'change [their] nappy.'* Staff members should be more discrete when administering patient care, and we question whether the word *'nappy'* is dignified for an adult patient. Individuals on the ward should not be able to overhear confidential moments such as this. In another word, we observed a different member of staff use the word *'pad.'* This feels more appropriate and respectful.

During the second visit, a patient was also found smoking in the ward. This was distressing to staff, especially the lead nurse who was quite upset, and highlights the challenges nurses can face on top of their regular duties.

Despite visible posters encouraging staff to support patients to sit out of bed, most patients were observed to be in bed during the day.

The ward was clean but cluttered with empty boxes near the fire escapes and a day room, which had spare chairs, beds, and other items filling most of the room (see photo). We observed the day room being used for an exercise class however it was a very poor environment for this and did not support, at all, the aims of supporting patients to be more active. Having the day room cleared and better set up for patients to use will likely encourage more frequent and effective use and support the Hospital's aims to prevent deconditioning.

Staff Experiences

We spoke to nine staff members and one volunteer across the AMU, Osterley 1, Lampton, and Syon 1. Staff gave positive feedback on working at WMUH. However, several highlighted insufficient staffing, especially for patients with cognitive or physical limitations. Inadequate staffing in these contexts can be both physically and psychologically demanding for staff. While issues around a lack of staffing were raised across all wards, prioritising wards with higher numbers of patients requiring additional support, such as Lampton, could substantially improve patient care and staff wellbeing.

"I think patients would say that we should improve the staffing, especially at night for the confused patients - they usually get anxious in the evening. There is a shortage of staff."

"I'm a Health Care Assistant…Patients are all medical, quite a lot of dementia and most will need social care support. It's a good place to work but patients' dependency needs are higher and it can be quite challenging to be around them all of the time."

"As a nurse, it can be quite a heavy job. First physically, as a lot of the patients have mobility issues…and psychologically also."

Staff members discussed an increase in both physical and verbal patient abuse, threatening staff safety. Our observations and the feedback from patients support this perceived increase in abuse and threatening behaviour. All were aware of hospital reporting policies and the appropriate individuals to raise complaints with. We collected no negative or confusing complaint reporting experiences, but one member did suggest implementing a designated contact person to streamline processes and increase staff support.

"Having someone designated to talk to would make things easier. There is no one dedicated to supporting your concerns, like a point person."

Despite the increased aggression towards staff, 90% of members (9) felt supported by the hospital and co-workers in their role (the one person who did not was interviewed at a distressing time where they did not feel properly briefed by other staff members before transporting a patient).

"My colleagues help me a lot; they give me emotional support, staff support. If the numbers are short for the shift, we all pull together."

When asked how they involve patients in their care, staff noted *"invit[ing] carers and relatives to be actively involved," "catering to [the patient's] needs,"* and *"respecting their decisions but also seeing what's in their best interest."* These sentiments reflect the aspects of care that patients reported valuing the most and that they perceive as making a meaningful difference to their care. It is encouraging to hear that staff also make these values a priority.

Staff felt that the hospital effectively supports patients' needs and provides empathetic care. However, increased staffing, additional funding for entertainment sources (such as

televisions), and greater consideration of staff input were identified as areas for improvement.

"Just to be listened to - As staff, we're not listened to. Right now, we're short staffed. We used to have agency but the higher up stopped that because of tight budgets. 1 or 2 more staff will make a big difference."

"We need more staff! We have 8 patients in the day shift and 9 to 10 for the night shift. This is a heavy ward - especially with so many confused patients - we do not have enough time to give optimal care."

When asked what could be improved from a patient's perspective, staff mentioned increased time with staff, improved communication around discharge planning, reduced noise at night, more meal variety, increased staff (especially at night), and entertainment. Once again, this feedback largely aligns with the patient experiences we collected.

Conclusions

This report captures patient and staff feedback from 10 in-patient wards at WMUH. Overall, we were impressed with what we saw and heard from staff and patients.

Notably, patients were overwhelmingly positive about **staff**. Staff members were described as supportive, considerate, empathetic, and responsive. Patients understood the pressure staff are under and expressed appreciation for their hard work. This patient gratitude should be shared with staff.

However, patients raised concerns over **staff assistance**. Respondents described having to press call buttons multiple times before getting staff members' attention, especially when needing to use the bathroom. In some cases, patients tried to move by themselves, despite needing help from staff. These concerns were corroborated by Healthwatch Richmond and Healthwatch Hounslow's observations.

Patients had a **good understanding of their care** and **received clear explanations from staff**. Staff gave patients detailed explanations, provided regular updates, and demonstrated patience. Prioritising **discharge discussions** and conversations around 'next steps' would further improve staff communication. These discussions would also help patients feel **more involved in decisions about their care**.

Patients agreed that the wards were **clean** and their **sheets were regularly changed**. In **bathrooms** across wards we observed unsuitable chairs in showers, ceilings with water damage, and clogged drains. **Clocks** were on time and observed throughout wards. Patients could benefit from even more dementia friendly clocks, particularly in the bays.

Positively, free WiFi is offered by the hospital, several wards have TVs, and patients can purchase books and newspapers from stores in the hospital. Whilst welcomed, patients expressed a desire for more hospital provided **entertainment** options and **faster WiFi**.

Several concerns were raised about **night times**. Excessive noise, patients being transported overnight, and lights not always being dimmed or turned off prevented patients from being able to sleep. Patients also described staff shortages, lower levels of attentiveness, and delayed assistance at night. Conversely, patients spoke positively about care at **weekends** where staffing levels can also be lower.

Patients spoke positively about **mealtimes, food choices, and food quality**. Patients particularly appreciated the variety, portion sizes, and extensive food options for different dietary requirements or cultural preferences. Ensuring the menus are accessible to all patients, that soft food diets are adhered, and that patients understand their food and drink options **outside of mealtimes** would further improve food and drink provision.

We were very impressed with the **Syon 1 and 2** wards. Patients described staff members as friendly, kind, and helpful. The ward was clean and helpful posters were neatly displayed throughout the corridors.

Lampton Frailty Unit was clean, and we observed staff compassionately assisting patients. We encountered issues navigating the **SDEC**, as the signage differentiating the rooms was not clear, and we could not find information for patients that explained the SDEC or what to expect.

Patients on **Kew** discussed negative staff experiences, feeling unsafe, and receiving inadequate support to use the bathroom. We also have cleanliness concerns, as we observed equipment left out, storage and utility rooms unlocked, and items stored in a disorganised manner.

The **Crane Discharge Ready Unit** was clean but cluttered. The ward has a great day room, but it was filled with items that limited its use. Clearing out the day room would encourage more frequent and effective use. We also observed unsupervised patients wandering into unlocked store rooms, which poses a significant health and safety risk.

Impact

Based on our findings, we made recommendations to WMUH. Our recommendations and WMUH's responses are detailed in the table below. We thank WMUH for their responsiveness and commitment to addressing our feedback. We will continue to monitor their progress and look forward to seeing the positive outcomes following their actions.

Recommendations	WMUH Actions
Improve response times when assisting patients, particularly those requiring support to use the bathroom.	*Responsiveness to call bells is monitored through daily ward manager checks and regular matron audits, which provide assurance around call bell access and response times.* *Feedback suggesting that some patients experienced longer waits indicates a need to improve consistency across the day. Ward teams have been reminded of the importance of prompt acknowledgement, particularly for patients requiring support with toileting or personal care.* *Further emphasis will be placed on routine checks throughout the day and night, to ensure call bells remain within reach at all times. Opportunities to involve families, where appropriate, will also continue to be encouraged.*
Ensure patients are informed where physical copies of menus are located or are given menus on admission.	This feedback has been shared with ward teams to reinforce expectations. Physical menus should be readily available to patients at all times, and patients should be offered menus as part of routine morning processes following admission. Through the Nutrition and Hydration Steering Group, it has also been identified that at times menu choices have

	been read out without offering the full range of options. Catering teams have been reminded of the importance of presenting all available choices and supporting patients to make informed decisions. We will continue to monitor this through regular spot checks and ongoing review of patient feedback.
Ensure every patient is aware of what food and drinks can be requested between mealtimes.	Ward and catering teams have been reminded to routinely explain food and drink options available between mealtimes and how patients can request these, in addition to being given the menu. Ward teams continue to receive regular reminders about the out-of-hours food menu and the options available, to ensure patients are supported when requests are made outside standard mealtimes.
Ensure patients with specific dietary requirements (e.g. soft food diets) consistently receive suitable meals.	The Nutrition and Hydration Steering Group oversees improvements to mealtime care, including protected mealtimes, clinical assessments, staff education, volunteer support with feeding and patient reported experience measures. Patient dietary needs are identified through nutritional screening (e.g. MUST), nursing assessments, Speech and Language Therapy swallow assessments and medical review. These assessments support appropriate communication of dietary requirements. Compliance with MUST screening and associated actions has shown a sustained improvement over time. While scores can fluctuate month to month, the overall trajectory has been positive, with full compliance achieved in some recent periods, including 100% in March. During the Healthwatch visit, two instances were observed where patients did not receive the appropriate soft diet. This feedback has been welcomed as it provides an important opportunity to reflect on practice and to understand whether any contributing factors were present on the day, such as communication or process issues. Whilst we note these findings, we recognise that dietary mismanagement constitutes a clinical incident and this has been requested for discussion through the Nutrition and Hydration Steering Group. At the time of review, there have been no reported clinical incidents relating to incorrect diets being provided; however, the observations will be fully investigated. Learning from the visit has been

	shared with the ward team and reviewed via the Nutrition and Hydration Steering Group, with immediate actions identified to strengthen processes and reduce the risk of recurrence.
Ensure all utility cupboards, storage areas, and similar spaces are kept locked, with increased staff vigilance regarding patients wandering around wards.	This feedback has been shared with ward teams to reinforce the importance of ensuring cupboards and storage areas remain closed and locked. Responsibility for environmental safety is shared by all staff. Ward managers and matrons will continue to include this in routine checks, and teams have been reminded to escalate any estates-related issues promptly.
Ensure all new patients are shown how to use their call button and that it remains within reach at all times.	Use of call bells is included within the standard admission process and remains a routine focus for ward teams. As call bells can move during the course of the day, all staff have been reminded to routinely check positioning and ensure they remain within easy reach whenever they are with patients. Call bell accessibility is monitored through regular ward audits and has been highlighted as "Big Four" safety messaging in the May 2026 Daily Safety Huddles.
Improve bathroom accessibility, safety, and cleanliness across wards.	Each ward has an allocated domestic member of staff who is responsible for cleaning that specific ward throughout the day. Cleaning takes place at least three times daily, with additional cleaning carried out as required. Ward teams also have responsibility for highlighting any issues in real time so that they can be addressed promptly. We recognise that, in a busy acute hospital environment, there may be occasions when areas do not meet the expected standard at a particular point in time. However, the issues highlighted should be identified quickly either through routine cleaning, ward staff checks, or escalation to facilities teams. This feedback has been shared with our Facilities and ward teams. Our Facilities team already undertakes regular spot checks throughout the day and across the week and will continue to remain vigilant to the specific issues raised. We will also reinforce expectations with ward teams to ensure that bathroom safety and cleanliness concerns are identified and escalated without delay.
Provide accessible, shower-appropriate chairs in all patient bathrooms.	In some areas, visitor chairs had been placed in shower rooms to support patients who require a seated position while showering and where no fixed seating was available at the time. While this was intended to support patient

	comfort and safety, we acknowledge that this is not an ideal long-term solution. In response to this feedback, the Facilities team has explored the costs and practical considerations associated with installing fixed or fold-down shower seats in ward bathrooms. They are now working with ward teams to identify where this would be most appropriate, taking into account patient need, clinical use of the ward, layout of facilities and cost. We recognise that fixed seating will not be necessary or suitable for every ward in an acute hospital setting, given the wide variation in patient mobility, length of stay and clinical function across services. However, where there is a clear and ongoing need, this will be considered as part of planned improvements. This feedback has been shared with relevant teams, and we will continue to work collaboratively to ensure shower facilities are safe, appropriate and meet patient needs.
Ensure shower drains are kept clear and address any water damage to ceilings promptly.	Images were included in the report relating specifically to AMU, Syon 1 and Osterley wards. These issues have since been addressed and rectified. More broadly, this feedback has reinforced the importance of all staff being alert to any damage or deterioration within their ward environments. Staff have a responsibility to log maintenance issues promptly, ensure they are recorded accurately, and escalate appropriately if issues are not resolved in a timely way. Our Facilities teams already undertake regular spot checks, and this feedback has been shared to ensure that these checks continue to be meaningful and effective in identifying and addressing estates concerns. Alongside the immediate actions taken to resolve the issues raised, we have also shared learning with ward teams to reinforce expectations around reporting, escalation and ownership of the ward environment.
Increase the frequency of checks for toilets and soap dispensers.	Our domestic teams carry out their first full clean each morning. Your feedback has helped to reinforce the need to remain particularly vigilant around cleanliness throughout the day, and this will continue to be reflected in the spot checks outlined above.

Ensure toilet rolls are correctly fitted in dispensers and easily accessible to patients.	We have also trialled a higher-quality toilet roll that is better suited to the existing dispensers, initially in Majory Warren. This has been received much more positively, and we are now looking at how this can be rolled out more widely across other areas.
Improve Wi-Fi connectivity and increase the range of entertainment available to patients.	At present, there is limited scope to significantly expand entertainment provision beyond what is already in place across inpatient wards. Wi-Fi availability and functionality remain challenging in some areas and can affect patient experience, particularly for those with longer stays. Volunteers continue to provide valuable companionship on wards, and the Trust also benefits from charitable support offering activities such as musicians or visiting artists where possible. While these are well received, availability is not always consistent across all areas. The feedback is recognised as fair. In response, the Trust will seek to identify a ward where this issue appears most pronounced and explore small-scale, low-cost interventions that could have a meaningful impact on patient experience. Learning from this work will help inform any wider rollout.
Increase the number of dementia-friendly clocks on wards so they are clearly visible from patient beds.	Dementia-friendly clocks were installed across wards following previous PLACE assessments. Ongoing assurance is provided through national PLACE returns and internal mini PLACE audits. All wards have dementia-friendly clocks in place, with some holding a small stock. Wards have been reminded to ensure these are displayed in patient-facing areas, in line with PLACE requirements, which both PLACE and mini PLACE audits have confirmed are being met. Where clocks are no longer visible or not functioning, wards have been asked to log maintenance requests with the appropriate managers so these can be addressed as part of routine monitoring.
Ensure all posters are laminated and display relevant, up-to-date information.	Ward leads have been asked to review noticeboards and wall displays to ensure information is relevant, up to date and laminated where appropriate. This will form part of routine environmental checks.
Review the effective use of all day rooms, including DRU and AMU.	Day room usage continues to be reviewed in the context of high patient acuity and ongoing capacity pressures. Some areas previously used solely as day rooms are now used flexibly to support patient flow and safety when required.

	Feedback regarding clutter, particularly in DRU, has been acknowledged. Storage limitations contribute to this, and the team will explore alternative layout and storage solutions to improve how the space is managed when not required for escalation.
Improve night-time patient experience.	Improving the night-time environment is a Trust priority. Work has identified a range of factors that can disrupt sleep, including noise, lighting, equipment, staff activity and patient transfers. Pilot wards, including some visited during the Healthwatch visit, have been identified to support the development of a sleep toolkit and night-time noise champions. AMU leads will review ward movements, including transfers after 8pm, to understand their impact on sleep and identify opportunities for reduction where possible. Earplugs and eye masks are stocked on wards, and work is underway to test a more proactive approach to offering these to patients earlier in their admission. Switching off bay lights before 10pm has been highlighted as "Big Four" safety message in the May 2026 Daily Safety Huddles.
Improve signage and navigation within SDEC.	Navigation to SDEC can be challenging, particularly as it sits within a wider ward footprint. Beyond local ward signage, there is currently limited directional signage from key hospital entry points. As SDEC was initially established as a pilot service and has now become embedded longer term, the Trust will review opportunities to improve hospital-wide signage to support clearer wayfinding. Patients transferred directly from the Emergency Department to SDEC on the same day are typically supported to the area by a member of staff or a volunteer, although it is recognised this may not always be possible in busy periods. This will continue to be reviewed to ensure patients feel supported and confident navigating to the department. Patients who are asked to return to SDEC on a subsequent day are usually provided with written information about the location and what to expect. The content and clarity of this information will be reviewed to ensure it is accessible and sufficient.

	SDEC1 and SDEC2 are used exclusively for SDEC activity and are not routinely used for ward overspill, except when a patient requires an overnight stay associated with their SDEC care.
Provide clear information in SDEC rooms explaining what patients should expect.	The team will review the patient information currently available within SDEC rooms to ensure it clearly explains the purpose of the service, what patients can expect during their stay, likely timescales, and who they can speak to with questions or concerns. This will include ensuring information is accessible for patients with cognitive impairment, sensory needs or communication difficulties, and that staff consistently signpost patients to this information as part of their arrival and ongoing care within SDEC.
Improve labelling to clearly differentiate SDEC from the rest of Lampton.	SDEC is currently identified through local signage and floor markings; however, it is acknowledged that the integrated nature of the service within a wider inpatient ward can make clear differentiation challenging for some patients. As SDEC moves beyond its pilot phase, the team will review existing visual cues, including signage and door labelling, to consider whether further enhancements would support patient orientation and understanding of the space. In parallel, ward teams will continue to support patients on Lampton who may be at risk of wandering, through supervision, engagement, and environmental awareness, recognising that no single intervention fully mitigates this risk.
Staff not knowing who the ward manager is when asked.	Feedback relating to difficulties identifying the ward manager and accessing support on Lampton Ward has been noted. The nurse in charge is routinely visible on the ward; however, this feedback suggests that this may not have been clear to visitors at the time of the Healthwatch visit. This has been shared with the ward team as a learning point, with a focus on ensuring that visitors can easily identify the nurse in charge on arrival and know where to seek support if needed. The team has also reiterated expectations around clear signposting, a visible point of contact at reception, and consistent escalation processes for visitors requesting assistance.
Ensure all storage rooms are locked, equipment is	This feedback has been shared with the ward alongside the Trust-wide work on decluttering clinical environments

stored appropriately, and waste is placed in the correct bins in Kew ward.	and improving storage and waste management. Ongoing monitoring will support sustained improvement.
Ensure notice boards are organised, with posters laminated and appropriately displayed in Kew ward.	Ward leadership have been asked to review noticeboards to ensure information is clearly displayed, laminated where appropriate, and kept up to date.
Ensure breakfast trays are removed promptly once patients have finished eating in Kew ward.	The importance of timely tray removal has been reinforced with ward staff and will continue to be monitored by the ward manager and matron. The role of both volunteers and catering staff within this process has also been revisited, recognising that supporting timely tray removal is a shared responsibility where possible and helps improve the overall patient experience.
Review staff communication and attitudes in Kew ward.	Some of the feedback relating to comments made by staff about patients was disappointing to hear. This has been shared with the ward as a reflective learning opportunity, reinforcing the importance of Trust values and expectations around respectful, compassionate and person-centred communication in all interactions.
Engage the ward in deconditioning work and independently monitor effectiveness in the Crane Discharge Ready Unit.	The issue raised by Healthwatch in relation to DRU is a valid observation. At the time of their visit, while some patients were attending planned activities and group sessions, there were also patients who were clinically appropriate to be out of bed who were not out of bed. As an organisation, improvement work through the deconditioning programme was already underway, including the routine collection of data on whether patients who are suitable to be out of bed are supported to do so, both in the morning and the afternoon. Review of this data showed that in January, specifically during the period of the Healthwatch visit, overall compliance had fallen below the expected level. Since then, the data shows that improvements have been made. However, we recognise that further work is needed to ensure this practice is consistent and sustained for all patients. This is an area we have taken forward, and we would be happy to continue to keep Healthwatch updated on progress. There is also an opportunity for shared learning. While the DRU at Chelsea is less established than West Middlesex, it has demonstrated higher and more consistent

	compliance in supporting appropriate patients to be out of bed and sitting up. We are therefore looking to learn from the approach taken at Chelsea to strengthen practice across both sites.
Review care for people with confusion and involve families.	A range of measures are already in place, with further work ongoing, to support patients living with confusion, dementia or delirium. Both hospital sites have Dementia Clinical Nurse Specialists who are visible within clinical areas and work closely with ward teams. Their continued presence helps to raise awareness, provide timely advice, and support staff to adapt communication, involve families, and tailor care to individual cognitive needs. The Trust is currently reviewing and updating its Delirium Policy, which will include clearer, more practical guidance for staff on the identification, prevention and management of delirium. This will be supported by a structured training rollout following publication, to help embed consistent practice across clinical areas. Continued emphasis is placed on the use of hospital passports and supporting documentation to help teams better understand patients' routines, preferences and support needs, particularly where communication may be more difficult. This supports more personalised and consistent care and helps families feel involved and informed. Dementia education remains a core requirement for staff. All staff complete Tier 1 dementia training, with Tier 2 training required for those working in clinical areas. Following a review of the Trust's core education framework, plans are in place to reintroduce Tier 2 training as face-to-face delivery, incorporating practical learning and simulation to strengthen confidence and application in practice. In addition, one ward is currently using finger food options to support patients who may find standard meals more challenging due to confusion or cognitive impairment. Early learning from this approach suggests it can help promote independence, dignity and nutritional intake. This presents an opportunity to review the learning from this ward and consider whether finger food options could be introduced more widely where appropriate, in line with individual patient needs and clinical guidance.

Bibliography

Care Quality Commission (2025). *Adult inpatient survey 2024*. [online] Care Quality Commission. Last accessed: 19/02/2026. Available at: https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey.

NHS England. *Friends and Family In-Patient Test Data: October 2024 - July 2025*. Last accessed: 17/02/2026. Available at: https://www.england.nhs.uk/fft/friends-and-family-test-data/fft-data-historic/.

NHS England. *Hospital Admittance Patient Care Activity, 2024-25*'. Last accessed: 26/03/2026. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity/2024-25.

NHS England (2024). *Virtual wards operational framework*. Last accessed: 20/03/2026. Available at: https://www.england.nhs.uk/long-read/virtual-wards-operational-framework/.

NHS England (2025a). *10 Year Health Plan for England: fit for the future*. Last accessed: 20/03/2026. Available at: https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future.

NHS England (2025b). *Medium Term Planning Framework – delivering change together 2026/27 to 2028/29*. Last accessed: 20/03/2026. Available at: https://www.england.nhs.uk/long-read/medium-term-planning-framework-delivering-change-together-2026-27-to-2028-29.