

City and Hackney Centre
for Mental Health

East London NHS
Mental Health Unit

Main Entrance
Mental Health Unit
Entrance 1

**ENTER AND VIEW OF EAST
LONDON FOUNDATION
TRUST MENTAL HEALTH
WARDS:**

OVERVIEW REPORT

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Background

East London Foundation Trust (ELFT) provide a wide range of mental health, community health, primary care, wellbeing and inpatient services to young people, working age adults and older adults across the City of London, Hackney, Newham, Tower Hamlets, Bedfordshire and Luton.

This report focuses exclusively on inpatient care for adults in the seven wards of the Trust, analysing its patients' experience and providing recommendations for improvement.

Methodology

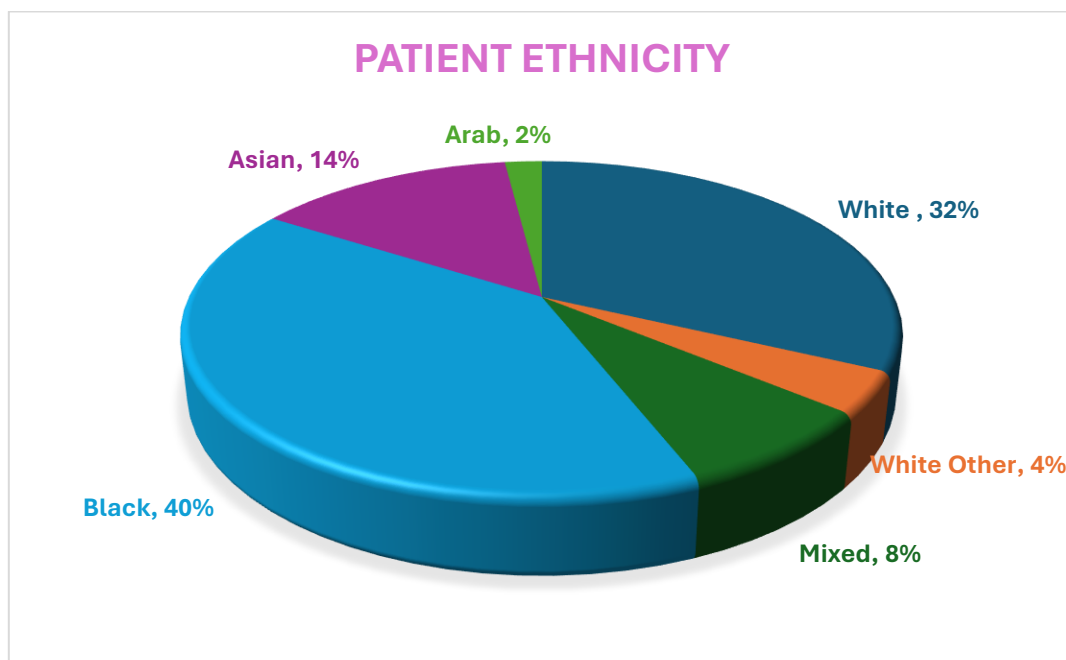
Between October 2023 and July 2024, we conducted nine visits to the seven wards. Two wards (Connolly and Joshua) were visited twice, to ensure we gathered sufficient information to provide a fair representation of the patients' experience in these wards. Each visit was conducted by 3 or 4 trained Authorised Representatives (AR), including a mix of staff and volunteers, and lasted between 2 and 3 hours.

Ward	Patient Gender	Number of Beds	Visit Date	Number of AR visiting	Ward Report
Bevan	Male	15	14/12/2023	3	Link
Brett	Male	16	1/11/2023	3	Link
Conolly	Female	18	29/11/2023 and 18/04/2024	3	Link
Gardner	Female	20	5/10/2024	4	Link
Joshua	Male	20	30/01/2024 and 16/05/2024	4	Link
Mother & Baby Unit	Female	12	16/07/2024	4	Link
Ruth Seifert	Male	14	24/06/2024	4	Link

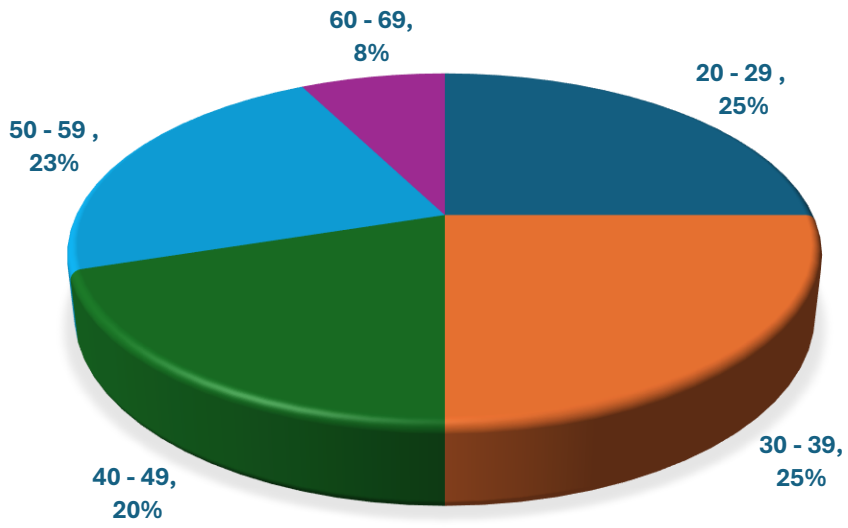
To prepare for the visits, we read the information available online on the Trust, relevant CQC reports and literature on the Mental Health Care Act. We also reviewed existing patients' feedback on each ward. This background research informed the development of three questionnaires - for patients, staff and the ward matron - to explore various aspects of the service, including patient-centred care, cultural awareness and communication. We also created an observation checklist to assess the physical environment and accessibility of the ward. After the visit, we compiled observations and questionnaire responses into a collection sheet for thematic analysis.

Patients profile

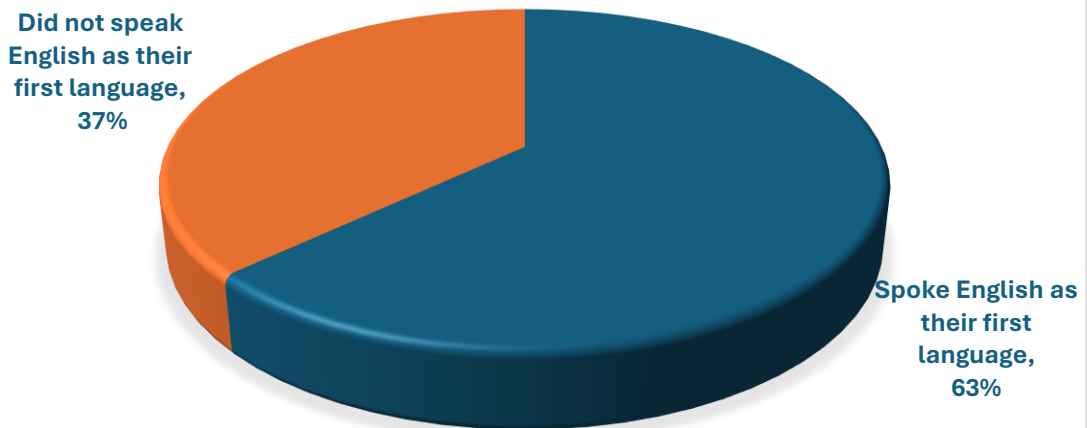
Overall, we spoke with 62 patients, representing just over 65% of the total patients on the wards, and with 29 staff members. The younger patient we spoke to was 21 and the older 65. Patients identified themselves as of different ethnicities, including Black, White, Asian, Arab and Mixed. 63% of them spoke English as their first language and 37% did not, but they told us this was not a barrier to accessing the service.



PATIENT AGE RANGE



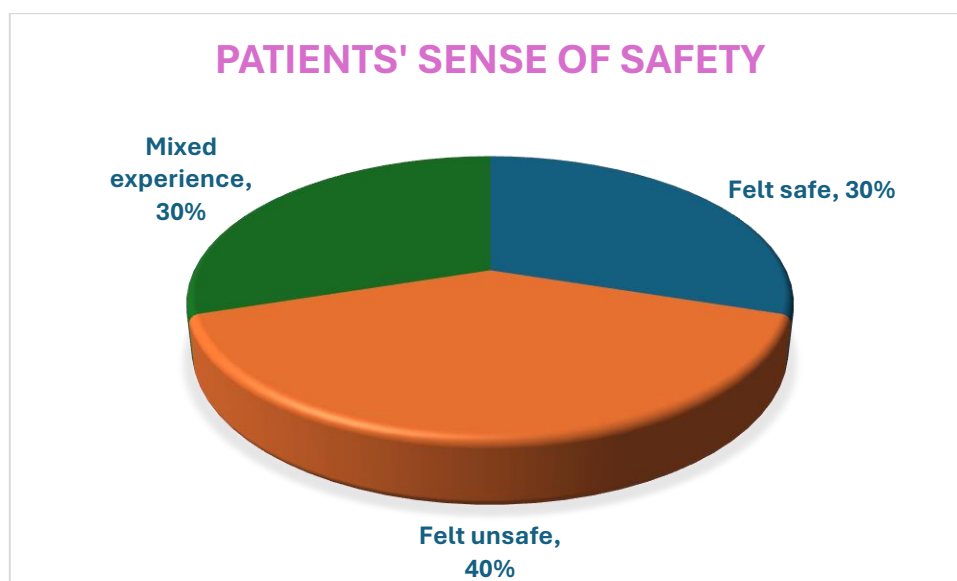
PATIENT LANGUAGES



Thematic analysis

Patient safety

The sense of safety across the wards depends on a variety of factors, including theft, other patient's behaviour and the general physical environment.



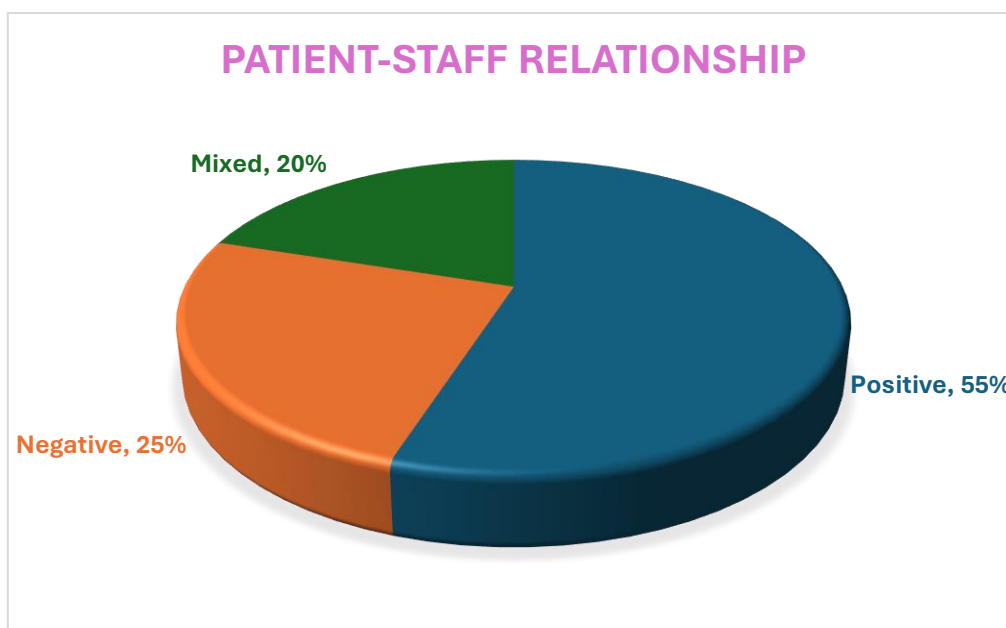
Theft emerged as a recurring problem across multiple wards, including Bevan, Connolly, and Gardner, suggesting a systemic issue, that is made worse by a lack of effective preventative measures such as a fob system in patients' rooms. Where the environment is unpredictable and volatile, with insufficient interventions to manage incidents effectively, patients told us that their sense of safety was reduced, especially in Bevan, Brett, and Joshua wards. Poor cleanliness and ward conditions, including smelly, stained and dirty toilets, and the presence of mice, cockroaches and fruit flies, undermine patients' dignity and harm their physical and mental health. High noise levels and a sense of chaos, particularly on Bevan and Brett wards, further contribute to patients feeling unsafe and insecure.

Despite these concerns, there were also positive reports from patients that they felt safe due to attentive staff, consistent monitoring and a calm, supportive environment.

Patients felt safer in Connolly and Gardner wards, where staff were responsive to disruptive behaviour and able to manage incidents well. These are both women's wards. They also appreciated the regular checks by staff, especially at night. On the mother and baby unit the constant supervision was reported as a key factor contributing to the patients' sense of safety.

Ruth Seifert ward stood out for its consistently positive feedback, with patients describing the ward as "calm" and "safe," largely due to the supportive and approachable staff. The "quiet atmosphere" and a "sense of calmness" were repeatedly highlighted as contributing factors to patients' feeling of security, making the ward a model of safety for others in the Trust to follow.

Patient – staff relationship



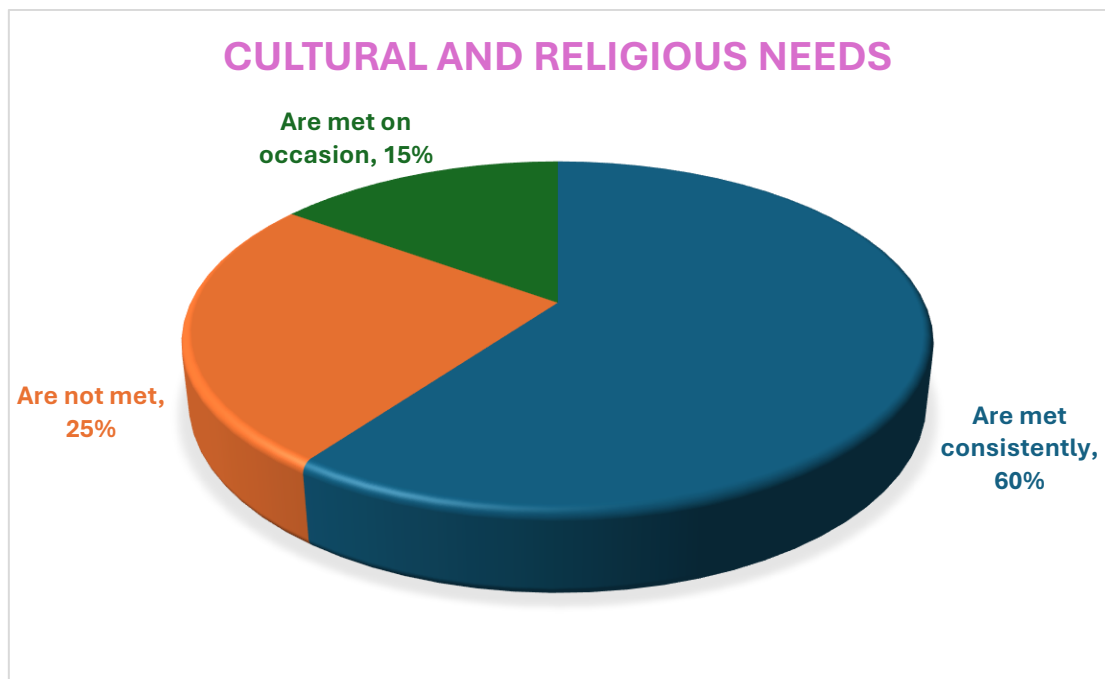
Patients who shared a positive experience describe staff as generally "kind", "helpful", "supportive", "caring", and "approachable". These patients appreciate the emotional support they receive, feeling listened to, treated with dignity and respect, and able to build rapport with certain staff members. However, several patients in Bevan, Brett, and Joshua wards were frustrated over staff behaviour, citing unhelpfulness, delays in addressing issues, and, in some instances, inappropriate or disrespectful behaviour. Some patients reported that their experience varied depending on the individual staff member, with

some being described as “attentive” and “respectful”, while others are seen as “indifferent” or “dismissive”.

One recurring theme across wards is the impact of staff shortages on patient care, leading to delays, lack of attention, and feelings of neglect, which affects patients’ trust in the care they receive.

Patient cultural and religious needs

Some wards, like Ruth Seifert and the Mother and Baby Unit, demonstrated awareness and responsiveness to patient religious and cultural needs, offering spiritual support, prayer materials, and culturally appropriate food. These efforts show an inclusive approach and recognition of the role of faith and culture in patient care. On the other hand, other wards were not equipped to recognise and meet these needs, leaving patients feeling frustrated or not well cared for.



Food

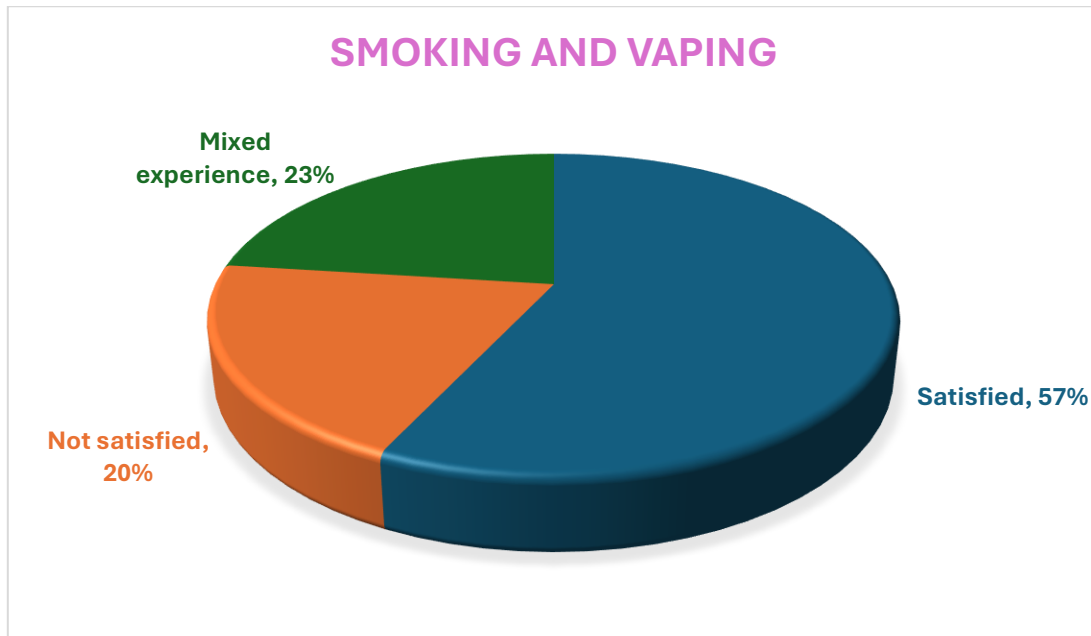


Patients were mostly satisfied with their food in wards where they were able to cook their meals, like the mother and baby unit, or when they could order food from the outside, despite some issues with deliveries.

Across all wards, 80% of patients were not satisfied with the quality of their meals, describing the food as bland, unappetising or inedible, with Bevan and Joshua standing out. Insufficient portions, lack of culturally appropriate food, and the presence of mice, cockroaches and fruit flies led some patients to change their diet or eat packaged food only.

The Trust has a food committee, participated by patients across the hospital, but it does not appear to generate the expected impact. Overall, while the Trust strives to cater to diverse dietary needs, patients' perception of food quality suggests a clear gap between what's on offer and their individual preferences.

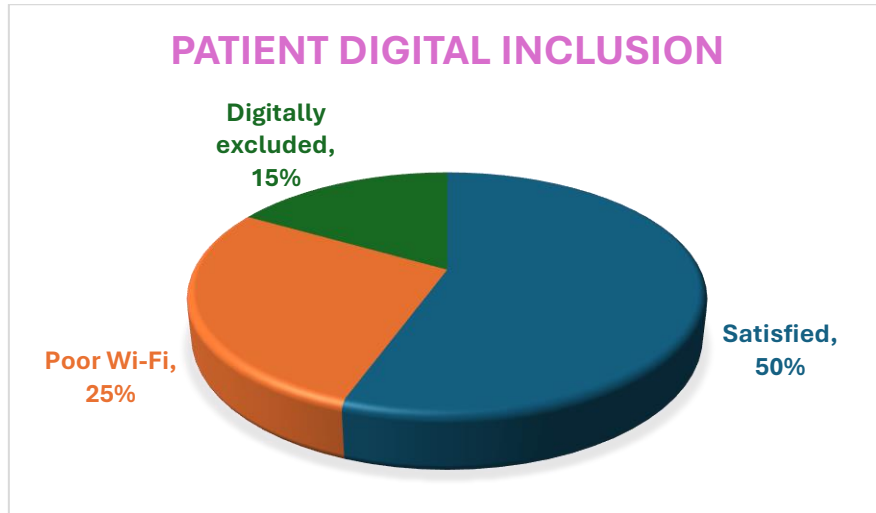
Smoking and vaping



The Trust has a no smoking policy within the wards but vaping is permitted. Patients wishing to smoke must do so outside.

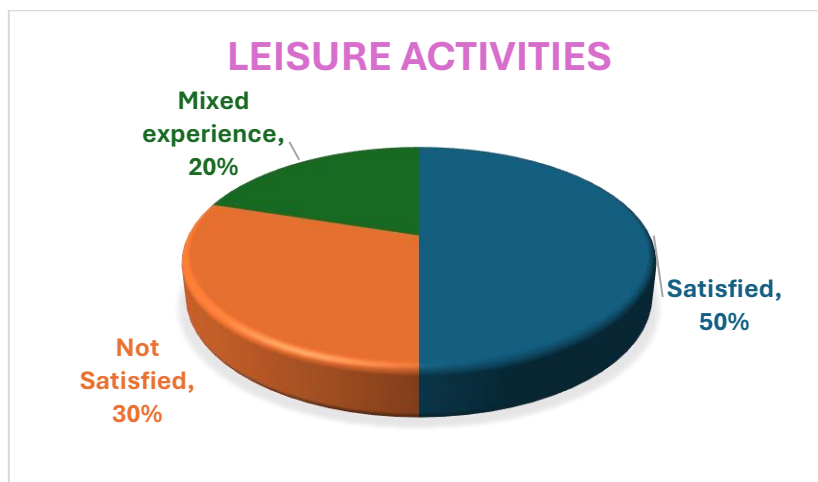
We have found that in all wards, patients' experience with smoking and vaping depends on the availability of vapes and staff's ability to manage smoking policies effectively. Patients who can access free vapes and have leave to smoke or are accompanied by staff are generally satisfied. Dissatisfaction arises from inconsistent vape availability, issues with vape theft, restricted leave times and lack of available staff to take patients out for a smoke.

Access to mobile phones and the internet



While most patients have some form of digital access, experiences vary widely. The most common complaint is that the Wi-Fi is too slow, prompting many patients to rely on their own data plans. Additionally, patients who face digital exclusion often struggle with accessing the internet due to a lack of assistance or support from staff.

Activities

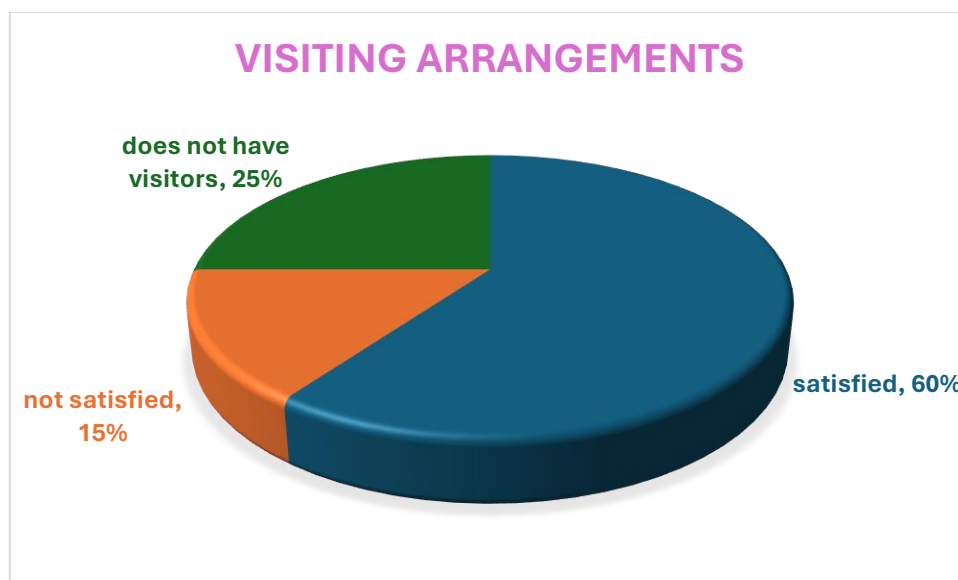


Patients have told us that they prefer creative activities, such as pottery, arts and craft, and cooking. Pampering and going to the gym are favourites among female and male patients respectively.

The Mother and Baby Unit, Conolly and Ruth Seifert stand out for patient satisfaction regarding activities, due to their rich variety, the wards' ability to introduce new activities in response to patient's feedback and opportunities for engagement with the external world.

In other wards patients are mostly dissatisfied due to lack of variety, poor quality, inconsistent schedules or an offer that does not meet patients' needs.

Visits



Patients are generally satisfied with the Trust's visiting arrangements. They value the flexibility that staff offer to accommodate visitors who work or travel long distances. Patients with leave particularly appreciate the chance to see their loved ones outside the ward environment. The Mother and Baby Unit stands out as 100% of mothers we spoke to were satisfied with their visiting arrangements. However, one father at the unit wished for longer visiting hours and the option to stay overnight.

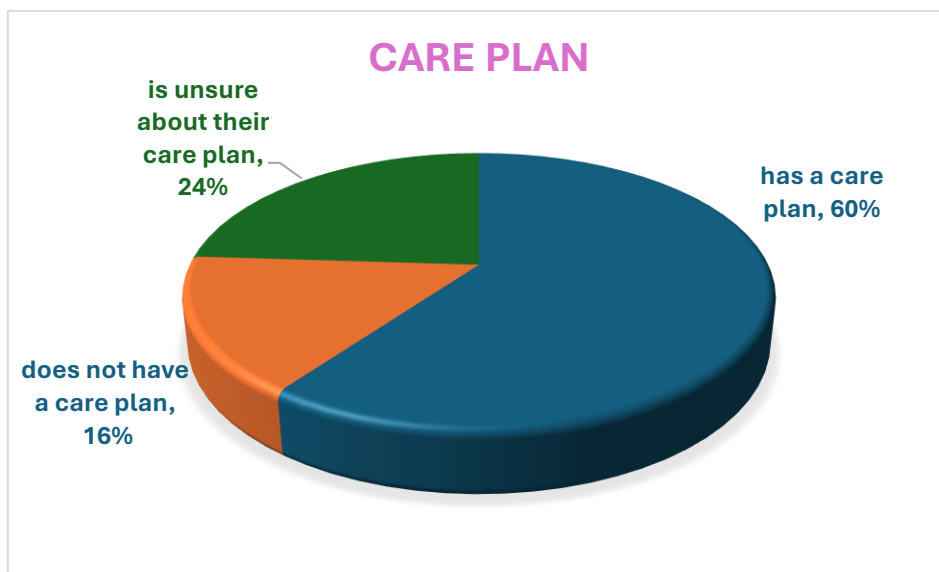
Dissatisfaction often stemmed from issues such as limited privacy and small family rooms. Additionally, two patients who are not permitted to see their

children shared with us their confusion about the reasons for this restriction and told us that it is "very hard" for them.

25% of patients do not have family or friends that visit. Conversely, other patients, particularly in Bevan ward, chose not to have visitors due to the smell of urine in the ward and its general atmosphere.

Care plans, treatment and discharge

Patient and family involvement



The distribution of satisfaction or lack of among patients with care plans is balanced.

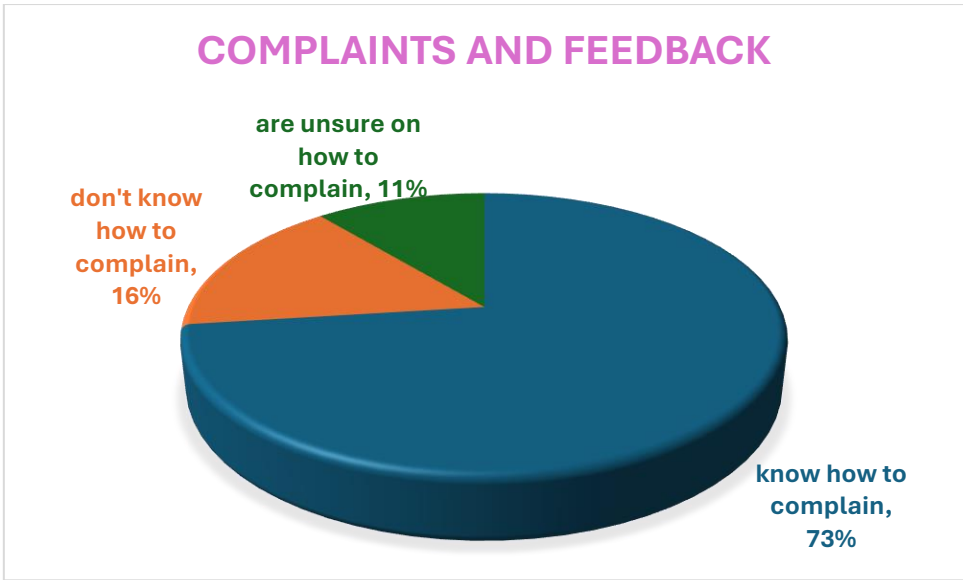


In Gardner, Conolly, the Mother and Baby Unit and Ruth Seifert, patients are generally satisfied with their care plans, due to high levels of involvement, opportunities to feed into the plan, family involvement as desired by the patient, a structured approach and systematic reviews.

In other wards, patients have told us that they do not feel sufficiently involved and listened to, leading to feelings of confusion and disconnect from their own care. Three patients felt “neglected” by their care coordinator.

Discharge is viewed by patients as an emotional and stressful time. Patients have consistently reported feeling unprepared or uncertain about the discharge process. This is sometimes linked to a lack of clarity or communication about what happens next, including arrangements for ongoing care or support. Some patients mentioned that they were unsure of their entitlements post-discharge, particularly around benefits and housing, which added stress to an already challenging transition.

Feedback and complaints



Patients are generally well-informed about how to provide feedback, compliments, and complaints. Many raise concerns directly with staff or during community meetings, while complaint forms are available for those who prefer a more formal process. Conolly Ward has a dedicated QR code for feedback,

but we found that it was not functioning. Other wards offer comment boxes for submitting feedback anonymously.

During our visit, we reviewed each ward's leaflet and information guide and found that all included instructions for giving feedback, though this information was not always accurate. Additionally, none of the wards provided details about Healthwatch Hackney.

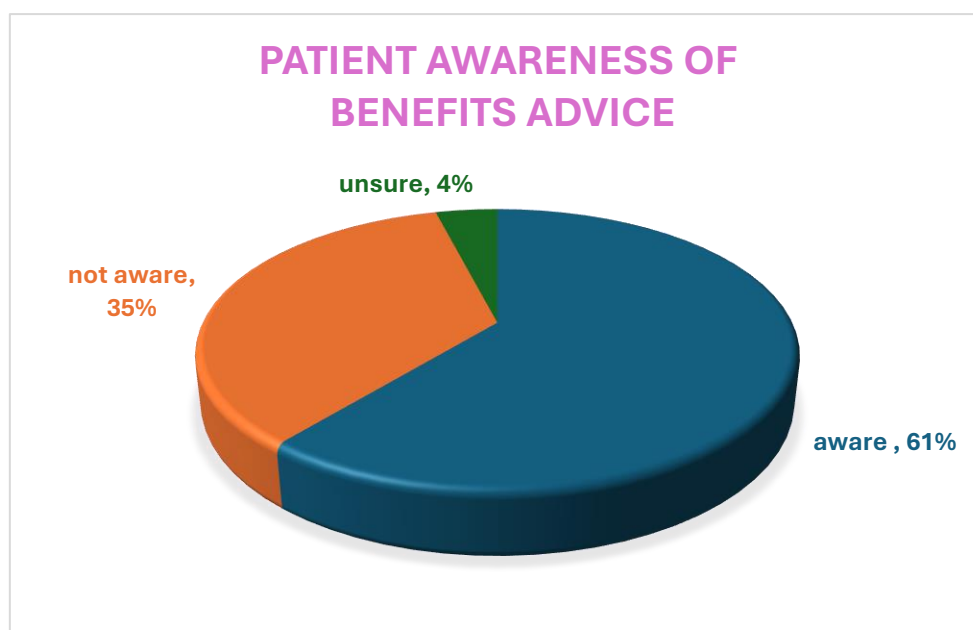
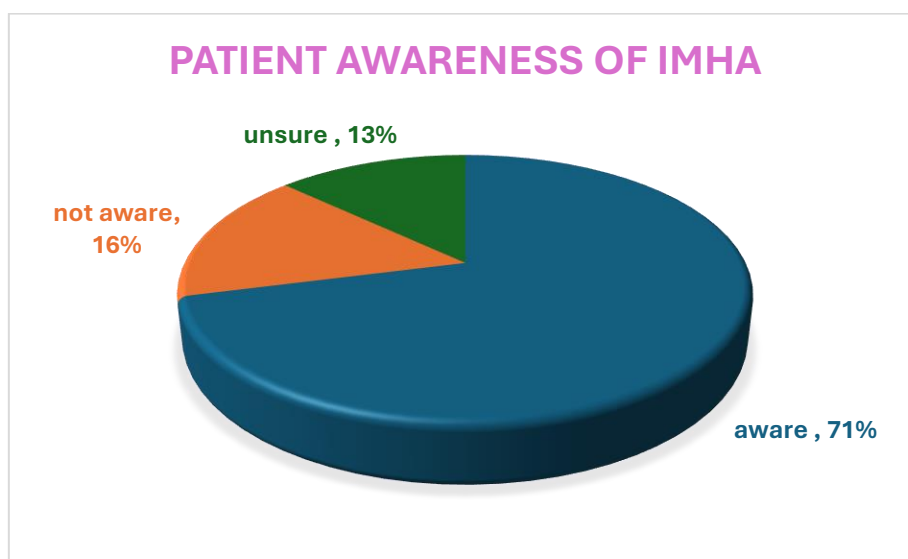
The general sentiment around comments, feedback, and complaints is mixed.



Some patients feel that their concerns are listened to and taken seriously, particularly in wards like the Mother and Baby Unit, Ruth Seifert, and Gardner, where "You said, we did" boards are displayed to show follow-up on complaints. The Mother and Baby Unit stands out as having the highest satisfaction rate regarding how complaints are managed.

However, not all patients share this positive experience. Some express frustration, feeling that their feedback is either ignored or not acted upon effectively. There are inconsistencies in how complaints are handled; while minor issues may be addressed, more significant concerns are often "swept under the carpet" or not given adequate attention. In cases where patients had mixed experiences, they reported that the outcome depended on the individual staff member. Bevan Ward appears to have the most prominent issues in this regard.

Access to Independent Mental Health Advocacy and benefits advice



MBU and Gardner Ward stand out for their good access to advocacy. Ruth Seifert and Conolly Wards stand out for providing benefits advice, while Brett and Joshua Wards struggle in both areas.

Patients who are most satisfied told us that the independent mental health advocates and benefit advisors join community meetings regularly and the services are well promoted through posters, leaflets and proactive staff supporting patients. On the other hand, in Brett and Joshua ward we heard

that advocates are not as visibly present nor as helpful and patients complained about unhelpful staff when requesting assistance.

Staff insight

Environmental Challenges

Several wards told us they were dealing with infestations of mice and cockroaches, affecting both staff and patients. Staff try to avoid leaving items on the floor which might attract pests, and some patients opt for packaged food over fresh food to avoid any risk of contamination by pests. Additionally, maintenance issues, particularly in Gardner Ward and the Mother and Baby Unit, negatively impacted the overall environment, limited patients' opportunities to enjoy fresh air, and contributed to staff stress.

Staff Shortages

Most wards reported significant staffing challenges. Notably, Conolly and Gardner Wards faced chronic shortages, often requiring staff to work consecutive shifts. Staff attribute these shortages to the challenging nature of the wards, which they believe makes recruitment difficult. The problem is worsened by heavy workloads, long shifts, and extensive paperwork, diverting staff time from patient care. Variability in staff experience, confidence, and competence also affected the quality of care.

Support and Team Dynamics

Overall, staff across most wards reported a supportive work environment. Brett Ward staff told us they felt comfortable seeking additional training and support from management, while Joshua Ward staff appreciated their managers and the close-knit team relationship. Ruth Seifert Ward staff highlighted effective communication and teamwork as key strengths, positively impacting both patient care and staff morale. In contrast, the Mother and Baby Unit faced issues with teamwork, including conflicts and a tense atmosphere, with a negative impact on job satisfaction.

Staff Wellbeing

Staff across various wards reported significant emotional strain from their roles. Joshua Ward staff have told us they felt under pressure to work even when unwell. Staff in the Mother and Baby Unit and Joshua Ward also shared the emotionally demanding nature of their job, affecting their mental health, especially when patients outcomes differ from those they worked towards.

Recommendations

Recommendations to ELFT Estates

1. **Improve measures for pest control.**
 - Make pest control everyone's business by ensuring common areas are cleaned and patients do not eat in their bedrooms.
 - Simplify reporting mechanisms for staff; ensure that incidents reported are followed up properly and staff is informed about actions taken and their impact.
2. **Address cleanliness and maintenance issues**
 - Implement regular cleaning schedules to maintain cleanliness in common areas and patient rooms.
 - Ensure that toilets and showers are deep cleaned, thoroughly and often, and promptly repaired when broken.
3. **Accelerate the introduction of a fob door access system** to address incidents of theft of patients' personal belongings.
4. **Improve the reliability and coverage of the ward's Wi-Fi network and ensure that all patients have access to it.** Consider adding more access points to cover all areas of the ward and implement regular checks and maintenance to address any issues promptly.

Recommendations to Homerton University Hospital

1. **Improve food quality.** Patients in the ward structure their time around food. It is important that mealtimes are enjoyable and create a positive food experience.
 - Review and adjust portion sizes to ensure all patients receive enough food to meet their needs.
 - Introduce culturally diverse meal options and improve vegetarian and vegan choices to cater to all dietary needs and preferences. Consider themed meal days that reflect various cultures represented in the ward.
 - Organise mealtimes to be calm and orderly, allowing patients to enjoy their meals without stress.

Recommendations to ward managers

1. Encourage a culture where staff feel empowered to prioritise their safety and physical and mental health.
2. Strengthen staff's emotional wellbeing with regular supervision, access to mental health resources, and team-building activities. This will help mitigate stress and improve overall job satisfaction.
3. Use staff away days to review and enhance staff cultural and religious competencies.
 - Help staff improve their understanding and respect for patients from all backgrounds and support them to respond to patients' needs in a culturally sensitive way by building their skills on communication, empathy, active listening, cultural competence and unconscious bias.
 - Invite religious leaders from the community to facilitate training sessions that enhance staff understanding of religious practices. This will ensure that staff receive accurate and up-to-date information directly from authoritative sources.
4. Improve the provision of leisure activities to meet all patients' needs.
 - Use occupational therapy leave to offer patients a variety of appropriate off-the-ward activities, including arts and sports.
 - Ensure the daily and weekly activity boards display current, accurate information about ward activities. Make sure this information matches the signs outside each activity room.
5. Ensure that patients with restrictions on visits are informed of the reasons for such restrictions, and offer a suitable alternative, such as a video call. Clear communication will help patients understand the reasoning behind the policy, reducing confusion and frustration.
6. Improve communication on discharge to reduce patient confusion and frustration.
 - Communicate discharge plans clearly and consistently, updating patients regularly.
 - Be transparent about any potential delays or barriers to discharge, and provide realistic timelines and options.
 - Ensure patients are supported in securing appropriate accommodation upon discharge to prevent unnecessary prolonged stays.

- Proactively liaise with care coordinators in the community to increase their presence in the ward and ensure a more joined up approach.
7. **Improve patient feedback processes by updating and sharing contact details of all services that can support patients with their complaints.**
- Where available, reopen the survey linked to the QR code to ensure patients and visitors can leave their feedback.
 - Update the ward leaflet to replace information about “The Advocacy Project” with details about “Rethink”, including contact information, as following:
 - Phone: 0808 801 0525 (Monday to Friday, 9.30 am – 4.00 pm)
 - Email: advice@rethink.org
 - By post: Rethink, PO BOX 18252 Solihull B91 9BA
 - Include Rethink contact details in the ward information guide, too, for easy access.
 - Include in the ward information guide PALS’ contact details, as following:
 - Phone: 020 8510 7315
 - Textphone: 07584445400
 - Email: huh-tr.PALS.Service@nhs.net
 - Include in the ward information guide Healthwatch Hackney information and contact details, as following:
 - Phone: 0808 164 7664
 - Email: info@HealthwatchHackney.co.uk

Recommendations to the Commissioner

1. **Ensure an adequate level of staffing**, including an occupational therapist (OT) and life skills worker. Staffing shortages and overwork affect the quality of patient care and contribute to feelings of neglect. Ensuring sufficient staff and reducing workload would improve patient interactions, reduce waiting times for assistance, and prevent patients from feeling like they are burdening staff, thereby enhancing their overall experience.
2. **Consider increasing the budget per patient for activities to allow for a wider variety of engaging and meaningful activities**, including weekend options if possible, and the purchase of better-quality materials for creative activities.

3. Consider reviewing the job description for Occupational Therapist and life skills worker roles, recognising lived experiences and encouraging applications from the local community.
4. Advertise in a wider variety of places, both online and offline, in the local community, recognising that candidates for these roles may not search for jobs on the NHS platform.

Healthwatch Hackney is positively engaged with the providers around the findings and recommendations in the reports. We will republish later in the year to include reflections and responses from East London Foundation Trust (ELFT). This approach has been taken to allow ELFT time to meaningfully consider the recommendations and properly assess what actions they may take in response to them.

Acknowledgements

Healthwatch Hackney would like to extend our gratitude to the teams at Bevan, Brett, Conolly, Gardner, Joshua, Ruth Seifert, and the Mother and Baby Unit for their hospitality during our visits and for encouraging patients to speak with us.

We also wish to thank our interns, Emmanuella Ampadu and Megan Llave, and our Authorised Representatives, Anam Ahsan, Bryan Pinto, Catherine Perez-Phillips, Deborah Cohen, Lucie Siebenaler, Paula Shaw, Sally Beaven, who assisted us in conducting the visits and writing the reports. Finally, thank you to Kanariya Youseinova at the Father Friendly Borough Team for assisting with the visits and the recommendations about supporting dads in the Mother and Baby Unit.



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