



Enter and View Visits to Trinity Building, Springfield Hospital

24th and 31st July 2026

Acknowledgement

We would like to thank the management, staff and patients of Jupiter and Lavender Wards, Trinity Building at Springfield Hospital who welcomed and assisted us in conducting 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:

Martin Haddon, Caroline Norrie, Maximilian Russel, Sara Turner, Siobhan Woollett.

Disclaimer

Please note that our findings in this report relate to observations and interviews on a particular day. It should not be taken as a representative portrayal of the experiences of all service users and staff associated with the service over time.

We must acknowledge that the responses we received and the trends and themes that arose were from a sample size of 15 patients and six staff.

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Enter and View Visits to Trinity Building, Springfield Hospital 24th and 31st July 2026

Executive Summary

Overview

Healthwatch Wandsworth (HWW), operating under the umbrella of Wandsworth Care Alliance (WCA), is the local patient and public champion in the areas of health and social care services. To decide on where to focus our work we look at what people have told us when taking part in our surveys or sharing experiences with us. We speak to local health and care decision-makers to hear about their plans to develop services, and we use information on local health data to set our priorities.

In accordance with our statutory powers, Healthwatch Wandsworth is authorised to visit local health or social care services, using trained Enter and View volunteers, with the main focus on service users' and carers' experience of care.

We conducted two visits to Jupiter and Lavender Wards, Trinity Building. The initial visit took place 24th July 2026 to familiarise ourselves with the wards and spoke to both Ward Managers. The second Enter and View visit took place on 31st July 2026. On this visit, we spoke with 15 patients (39% of the 38 patients present) and five staff including one of the Ward Managers for a second time. We used a semi-structured interview with a set of prompts covering various topics associated with the patient experience. We also designed a set of prompts to be used when talking to Jupiter and Lavender staff and created a document to help record general observations on the days of our visits.

Key Findings

Patients

- **The majority of patients on both wards reported feeling safe and supported by staff.**
- **Patients' ability to communicate with and see family and friends was overall positive.**
- **We became aware around some issues with staff having capacity to provide escorted leave for patients.**
- **We felt there was a lack of quality 1:1 time for patients with assigned staff.**
- **There was mixed communication with patients regarding their care plans and medication.**
- **Patient opinions on the activities offered were mixed.**
- **There was a lack of promotion by staff for patient feedback by staff.**

Staff members

- Staff team dynamics seem to be good and supported well by management.
- Staff capacity is limited and staff can become overstretched.

Enter & View Team Observations

- Ward atmospheres are overall calm, bright and clean.
- Lack of staff patient interactions & patient engagement with activities.

[Further detail on our findings can be found in the full report in Section 3.](#)

Our Recommendations

- Consider addressing the issue around escorted leave
- Consider improving involvement and communication with patients around their care plan
- Consider improving communication with patients around medication and changes to it
- Consider improving the quantity and quality of 1:1 time with patients and general interaction with patients
- Consider working to improve the availability of activities and things to occupy patients while on the ward
- Consider steps to encourage the provision of feedback by patients via the Trust's online mechanism [Feedback Live](#)
- Consider extending the use of peer support workers wherever possible to debrief patients after incidents involving restraint

[The detail behind these recommendations and their potential impact can be found in the full report in Section 4.](#)

Official Response from South West London and St George's Mental Health NHS Trust (SWLSTG)

'We are grateful for the time taken to speak with patients and staff and for producing such a thoughtful and constructive report. The insights provided are extremely valuable and help us better understand the experiences of people using our services. We welcome the findings and recommendations and are committed to using this feedback to continue improving the quality of care, communication and patient experience on our inpatient wards...

...Once again, we would like to thank Healthwatch for the constructive feedback contained within their report. We value the opportunity to reflect on both areas of good practice and areas where improvements can be made.

The recommendations and observations provided will continue to inform our ongoing quality improvement work as we strive to deliver the best possible care and experience for people using our services.

Many thanks, Natalie Walters, Clinical Service Lead, Acute and Urgent Care Services. South West London and St George's Mental Health NHS Trust'

[The full response from SWLSTG to our recommendations can be found in the full report in Section 5.](#)

Jupiter and Lavender Wards, Trinity Building at Springfield Hospital - Acute mental health service for adults

Report of Enter and View visits 24th and 31st July 2026

1. Introduction

1.1 About Healthwatch Wandsworth

Healthwatch Wandsworth (HWW) is the patient and public champion for health and social care services. We send our reports to Healthwatch England to have an influence at a national level.

Although we are funded by the Department of Health and Social Care (DHSC), Healthwatch Wandsworth is delivered by a local charity called Wandsworth Care Alliance (WCA). We are not part of the NHS or a Council service.

HWW is governed by a committee consisting of Trustees of WCA and members directly elected by the community. To decide on where to focus our work we look at what people have told us when sharing experiences with us. We speak to local health and care decision makers to hear about their plans to develop services, and we use information on local health data to set our priorities.

1.2 Enter and View

Local Healthwatch's 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 used by our residents. This can include services outside of their Local Authority.

In practice, 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 service users 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 service users.

Data and Sampling Limitations

It is important to note that our findings in this report relate to observations and reflect what we were told by the people we were able to speak to on particular days. The information gathered is therefore limited and this report presents a snapshot view of the service.

1.3 Trinity Building, Springfield Hospital

South West London and St George's Mental Health NHS Trust (SWLSTG) entered into a contract with a developer in 2019 to deliver the Springfield

Village master plan including two new state-of-the-art mental health buildings.

The aims of the Springfield redevelopment were outlined by SWLSTG as:

- to facilitate the treatment of mental ill-health and support for recovery in adults and children in accordance with the most up to date environmental and clinical standards.
- to help overcome the stigma of mental ill-health and the barriers between people suffering from mental ill-health and the wider community within which they live.

At the heart of the redeveloped site lies what is now called Springfield Village centred on Chapel Square which has two new hospital buildings Trinity and Shaftesbury. These two new buildings now provide a significant proportion of the Trust's services.

Inside Trinity Building there are two acute adult inpatient mental health wards, Jupiter and Lavender, as well as the recently opened Maple Ward which serves as a short-stay adult acute inpatient mental health ward.

This E&V visit focused on the two acute adult wards Jupiter and Lavender which have 20 and 18 beds respectively for both men and women.

1.4 Previous CQC report

SWLSTG was inspected by the Care Quality Commission (CQC) in August 2021 regarding its Acute wards for adults of working age and psychiatric intensive care units and was rated **Good**.

In their report, the CQC outlined areas for improvement with actions that the trust must take to comply with its legal obligation and actions the trust should take to improve the service.

Actions the trust MUST take to improve highlighted in 2021:

- The trust must ensure that there are appropriate and detailed plans in place to manage patients' physical health risks and that specialist advice is followed after a review of patients' needs.
- The trust must ensure that staff do not complete intermittent observations at regular, predictable intervals.

Some of the actions the trust SHOULD take to improve highlighted in 2021:

- The trust should ensure that relatives and carers can contact the ward easily and speak with staff.
- The trust should ensure that patient feedback live devices are kept in good working order.

We understand these actions have been followed up by the Trust since the report in 2021.

1.5 Admission data and statistics

SWLSTG supplied us with anonymised quantitative data from the last 11 months. From August 2025 to July 2026, SWLSTG had 258 admissions to Jupiter and Lavender Wards and 232 discharges. Some key statistics are:

- Of the total SWLSTG admissions to Jupiter and Lavender 12.4% were informal (voluntary) admissions and 1.9% were not recorded, with the remaining 85.7% having been compulsorily admitted under Section 2, 3, 135, 136 and other sections, of the Mental Health Act.
- The largest number of admissions were from Wandsworth at 87 (33.7%). Of the other four boroughs for which the Trust is normally responsible, Merton was the next largest source at 54, then Richmond at 34, Sutton at 34, and Kingston at 23.
- The average length of stay was 5.8 weeks with a median length of stay of 3.7 weeks.
- The average age of a patient on admission was 37.5 with a median age of 34
- Regarding ethnicity 49% of patients were White, followed by 21% Black or Black British, 11% mixed, and 10% Asian or Asian British, with the remaining 9% being various other demographics.

2. Methodology

2.1 Objectives

We conducted Enter and View visits to Jupiter and Lavender Wards, Trinity Building, in order to provide independent insight to service providers, commissioners, and the general public about the patient experience of inpatient mental health wards as part of the SWLSTG pathway.

2.2 Preparation

2.2.1 Meeting with service providers

We had two meetings with Natalie Walters, Clinical Service Lead for Jupiter and Lavender Ward, ahead of the Enter and View visits. These took place online on 31st March 2026 and 5th June 2026. We explained our interest in conducting Enter and View visits to Trinity Building. They were receptive to our desire to visit, and we planned to do an initial visit to understand the layout of the facility and how it functions.

We also requested anonymised quantitative data from the last 11 months which is summarised above.

2.1.2 Data Collection Tools

We created the following data collection tools: a semi-structured patient interview; a semi-structured staff interview; and an observation checklist. These were similar tools used in our previous [Enter & View of Holybourne Hospital, Acute mental health service for adults.](#)

The patient interview questions focused on admission, experience and perceived quality of care, the environment, and concerns and complaints. We tried to ensure the questions were both engaging but could also be easily understood by patients.

The staff interview questions focused on work environment, support and training, and patient care.

2.3 The Enter and View visits

We conducted two Enter and View visits:

- Friday 24th July 2026 - we spoke to the manager of Jupiter Ward and the manager of Lavender Ward
- Friday 31st July 2026 – we spoke to patients and staff on both Jupiter Ward and Lavender Ward, including a debrief with the manager of Lavender Ward

Ahead of both visits, we asked management to display posters on the wards to ensure staff and patients were aware of our visit. We also asked management to inform us of any patients who it would not be appropriate to speak to.

3. Our Findings

We spoke to a total of 15 out of the 38 patients present. Of the 15 patients we spoke to:

- Seven were patients on Jupiter Ward, four women and three men
- Eight were patients on Lavender Ward, two women and six men

We also spoke to six members of staff across the two wards:

- Two on Jupiter Ward
- Three on Lavender Ward
- One member of staff who worked across both wards

3.1 Patient Feedback

It was not possible or appropriate to talk to all patients, but where we could, we observed their interactions with staff and the environment. The interviews with the 15 patients on 31st July often did not cover all the themes we wished to explore, in addition three interviews that took place on Lavender Ward were cut short on the patient's decision. Overall, this means that the number of responses to different themes listed below varies.

3.1.1 Admission and information provided to patients

We asked patients about their experience of admission to Jupiter and Lavender Wards. The 13 patients that responded to these questions gave no indication that there had been any choice or discussion over which acute mental health ward they were admitted to. One patient on Jupiter did state

that they would have liked a choice but would have likely chosen Jupiter if offered.

On the topic of admission and ward information five patients indicated clearly that they had been given sufficient information concerning the ward, their rights and the reason they were admitted either immediately or a few days after admission. Three patients stated that they could not remember if they had been given information after admittance and three stated they had not been given any information despite all being admitted over a week ago. Of the two other patients asked about information, one stated they vaguely remembered being given some information, having been admitted seven months ago, and one stated they had been told they would receive information soon but hadn't yet (they had been admitted two nights ago). We acknowledge that often at the point of admission many patients may not have a good recall of the process due to being unwell.

3.1.2 Quality of Care and staff

14 of the patients we spoke to told us about their experience of care and the staff on Jupiter and Lavender Wards. Six patients were entirely positive about the staff, while five had more mixed feelings and three felt negatively towards them. Positive aspects relating to staff highlighted were person-centred care and their ability to listen and respond to individual needs. Regarding areas for improvement some patients felt less safe with or less able to trust Bank staff who were less aware of their individual triggers. The three patients who mentioned negative feelings towards staff mainly focused on their general distrust of them, one of these had been involved in an earlier incident that led to them being restrained and said that they felt staff were too quick to restrain.

Of the 11 patients asked, nine said they generally felt safe on the wards. Two said they did not feel safe and linked this to the mistrust of staff they had previously mentioned.

We also asked 13 patients about their involvement in their care planning and around the medication they were receiving. Six indicated that while they were given some information about their care plan and medication it was not to the extent that they would like, reporting that decisions around medication did not seem to involve them at all. Of these, two did say they felt somewhat involved in their care plan. Five indicated that they did not feel involved at all and were not listened to, while two indicated clearly that they participated in meetings with staff around their care plan.

Further on the topic of patient involvement and communication with staff we asked about the 1:1 time they had with staff. Seven of the 10 patients asked about this indicated they felt they had no regular 1:1 time with staff, the other three patients did state that they had 1:1 time with staff.

We also asked 11 patients if they felt there was enough support and activities on the ward to aid their recovery. Of these, five felt there were not enough activities to do, or that the activities were not engaging enough. Three stated that they did feel adequately occupied on the ward, while three

patients indicated that they did not feel they had enough 1:1 therapy support.

Finally, we asked 13 patients if they felt their time on the ward was overall helping them get better. Six felt it was not. Four had mixed feelings towards their time on the ward, while three felt it was actively helping, with medication and the support given highlighted as the reason for why.

3.1.3 Hospital and ward environment

We spoke to 11 patients across the two wards about what they thought of the environment. Opinions about the ward environment ranged from very positive to mixed.

Five of the patients were positive about the ward environment with the room en-suite, the light and bright environment and general tidiness of the ward all highlighted. The other six patients had more mixed responses to the environment with issues around individual rooms getting cleaned and disturbances by other patients mentioned, while the gardens on the wards were mentioned as a positive.

10 patients told us about the night times on the wards with eight highlighting that it was sometimes good but could also be noisy due to other patients and the slamming of doors. One patient said that they found the night times very peaceful while one other patient flagged that during the summer months the rooms can get incredibly hot, leading patients to congregate in communal areas at nighttime for the air conditioning.

We also asked nine patients about how Jupiter and Lavender Wards compared to any other mental health wards they may have spent time on. Seven stated that Jupiter or Lavender were the best or one of the better wards they had been while one felt it was similar to others and one indicated that it was worse than the previous ward at Queen Mary's Hospital, Roehampton.

3.1.4 Food

We asked 11 patients about the food on the wards. Seven patients felt it was adequate with two wishing for some further choice or variation within the food provided. Three patients were positive about the food while one patient said the food provided did not adequately accommodate their need for halal food, therefore leading them to order takeaways.

3.1.5 Peer Support, Family and Friends

We spoke to patients about their ability to stay connected with friends and family and also access professional and community peer support. Out of the 11 patients we spoke to about staying connected with family and friends, nine stated that they were able to communicate with them via phone, with seven of them stating they had been able to have them visit the ward in-person. One patient stated that they did not want to be in contact with their family while another stated that their phone was still at their flat and therefore they could not contact anyone which was causing considerable anxiety. Two other patients also mentioned that they had issues with having a

phone to contact family and friends, one stated their phone had been stolen/disappeared and had not been replaced, while another wanted access to a phone but apparently had not been granted it.

We also asked seven of the 15 patients about whether family and friends participated in their care planning. Three stated that they were particularly happy about the involvement of loved ones in their care plan, while two wanted them to be involved more. On the other hand, two patients felt that their families had more involvement/influence in their care plan than they would like.

We also asked about peer and professional support from outside the ward services. Four of the seven patients we asked about this said they were aware of these services, highlighting the [Canerows](#) service offered by [Sound Minds](#). Two of these patients said they had engaged with the service directly. Of the other patients one highlighted a visit from a social worker, one mentioned support from the Trust's ASCENT Team (Adaptive Support for Complex Emotional Needs) as well as the Peer Support Worker for the Wards, while one other patient stated they had asked for an advocate but had not yet been given this.

3.1.6 Raising of concerns and complaints & patient feedback

We asked patients if they would feel comfortable raising a concern or complaint regarding their experience and how they would go about it. Of the eight patients we asked about this six stated they felt confident and empowered to raise a concern or complaint, with one stating they had already done this with staff. One patient stated that they would raise some concerns but other things they would not bother with, while one other patient said that their previous raised concerns and requests for support had not been responded to by staff.

We also asked six patients if they had been prompted by staff to provide feedback during their time on the ward. Five of the six patients stated that this had not happened, one of these said they would ensure they gave their positive feedback to staff and management following their discharge. The other patient stated that they had been asked for feedback at some point during their stay, but they could not remember how this was done. This may have been via the Trust's online mechanism [Feedback Live](#).

3.1.7 Patient suggestions for improvement

We asked 10 of the 15 patients if there was any general feedback they would like to give about Jupiter and Lavender Wards, including any suggestions for improvement.

Six patients shared positive aspects of their time on the wards with three highlighting the staff as the reason for this, two stated it was due to positive relationships with other patients while one stated that they felt having the weekly community meetings allowed them to be heard. On the other hand, four patients gave recommendations about things they felt would improve their stay:

- Two patients suggested more frequent access to specialist staff
- One patient suggested better staff organisation around making sure patients got their escorted leave
- One patient suggested that staff work to be more efficient in responding to requests for help

3.1.8 Follow-up interviews after discharge

We asked patients if they would be interested in speaking to us after they had been discharged from Trinity Building so we could understand more about their discharge experience and post-discharge support. Six of the 15 patients said they would be interested in speaking to us once they had been discharged; we would like to thank them for their cooperation and interest in sharing their experience after discharge. By the 24th of September three of these patients had been discharged. We attempted to contact them to confirm if they would want to speak to us about their experience but unfortunately, we did not receive any responses.

3.2 Staff feedback

We spoke to six members of staff across Jupiter and Lavender Wards. This included both Ward Managers as well as a Health Care Assistant, a Staff Nurse, a Bank staff Activities Coordinator (covering the regular Activities Coordinator), and a SWLSTG Peer Support Worker.

3.2.1 Staff interactions with patients

All staff we interviewed felt positive about working at the Trust and on the wards, with the four non-management staff highlighting supporting patients as the best part of their job. One of these however did state that staff capacity meant they were not able to spend as much time with patients as they would like to.

Two of these staff also highlighted that the escorted leave some patients are granted is not always possible due to staff capacity, therefore again limiting the opportunities for staff-patient interaction.

3.2.2 Work Culture

Of the three staff asked, all felt that they were well supported by the management of Jupiter or Lavender Ward. They also stated that management had supported them with accessing further training with one already in the process of doing this. They all also felt comfortable and confident in raising concerns and the process in which to do this.

The three staff also highlighted that the general team culture and dynamic between staff on the ward was positive, although two did again highlighting that limited staff capacity, could lead to staff becoming stressed or overwhelmed.

3.2.3 Staff capacity

What emerged from our conversations with non-management and management staff was that a major limitation on their ability to support

patients in the ideal way was due to capacity, this being a result of the occupancy of beds and the acuity of patients combined with staffing levels. This was acknowledged by multiple staff including management who stated that due to staff being stretched thin there is not as much 1:1 engagement with patients as they would wish and that the escorted leave some patients have is often delayed or not possible and ultimately that limited capacity can cause staff to be stressed or overwhelmed.

3.3 Enter and View Team's observations and feedback from management

While we aimed to speak to as many patients as possible on both of our Enter and View visits to obtain their views, we also spent some time observing the environment and staff-patient interactions on the wards. At the end of our visit on 31st July, we also reflected on our findings with management and got some feedback about what we had seen from talking to patients and staff.

3.3.1 Ward environment on Jupiter and Lavender

As a team we felt positive about most aspects of the ward environments on Jupiter and Lavender. Being located on the 1st Floor of the recently built Trinity Building we felt both wards were spacious, allowed a lot of natural light in, and were well maintained in terms of cleanliness. Both wards had a similar layout featuring communal areas such as a dining room, lounge area, TV room, sensory rooms, an activities room, and roof gardens. Furniture in these rooms was light coloured, and adequate ceiling height helped these areas feel welcoming. During our two visits we saw a majority of these communal areas in use by one or more patients, with the gardens seeming to be particularly well utilised. We did feel that outside of the activity rooms and the family room, which is located before entering the ward proper, there was a lack of decoration which could help make the environment feel more welcoming and homely.

Being a mixed gender ward, the bedrooms were divided into two separate corridors for men and women with flexi areas which could adjust a certain number of rooms to switch between being designated male or female depending on capacity. We were able to see an example of the bedrooms which all feature en-suite bathrooms. On our first visit we did come across a bedroom with water covering the floor, but this was quickly addressed by staff.

The wards were generally calm places with patients present in communal areas mostly relaxing on their own. On our second visit we arrived just after an incident involving restraint on Lavender Ward which did make the atmosphere feel a bit more tense, but most patients did not seem to be too affected by the situation.

3.3.2 Staff-Patient interactions and activities

On our two visits we did not witness much individual interaction between nursing staff and patients. This was echoed by limited engagement of patients with activities or use of the activity room. We did observe two patients using the room with support from the Activities Coordinator on

Lavender Ward and a staff member playing cards with patients on Jupiter Ward.

3.3.3 On the day feedback session with management

After our visit on 31st July, we spoke with Ward Management about what we had seen and asked for some insights on some themes we had observed.

We had heard from patients and staff that there were issues around patient escorted leave with staff capacity issues causing it to be delayed or not possible. Staff and patients had also stated that this can be a frequent cause of frustration for patients as they would have like to leave the ward, even if for 15 to 30 minutes. Management acknowledged that there is an issue around escorted leave. This was partially a result of the fact that whenever there is a patient requiring 1:1 observation this had to be managed within the existing staffing quota and that an extra member of staff was only made available if there were two patients requiring 1:1 observation. Therefore, unless the wards receive further staffing allocation it will continue to be an issue as maintaining necessary numbers of staffing on the ward has to take precedence over assigning staff to escorted leave.

We also spoke to management about the mixed responses the patients we had spoken to gave about 1:1 time with staff and being aware of their care plan. Management stated that all patients do have a care plan which is discussed and that 1:1 time with staff does take place. Management stated that staff often do observational checks of patients during their shift rather than being able to allocate specific 1:1 time. However, it was acknowledged that the frequency at which such interaction currently takes place, and the time devoted to it, are not at the level they would wish. This was again acknowledged as being a consequence of staff capacity. Staff had stated to us that they had to juggle a range of different tasks and that dedicated, quality 1:1 time with all the patients suffered as a consequence.

We also asked about the restraint incident that had happened prior to our arrival on Lavender Ward. While management stated that ideally a peer support worker should be involved in the restraint incident debriefing this was not always possible due to SWLSTG peer support workers being spread across multiple wards and therefore not always available following an incident.

4. Conclusions and Recommendations

4.1 General conclusions

Our findings in this report relate to observations and what we were told by the people we were able to speak to on particular days. Our conclusions therefore reflect this:

Patients

- **The majority of patients reported feeling safe and supported by staff.** Where we did see staff patient interactions on the wards, they usually seemed positive with staff treating patients with respect. However, some patients highlighted that bank, or new staff were seen as less informed about individual needs and triggers. Most patients who were

asked about safety said they generally felt safe on the wards and multiple stated that they felt comfortable raising concerns with staff if necessary.

- **Patients' ability to communicate with and see family and friends was positive overall.** Most patients told us that they were able to contact loved ones easily and could arrange for them to visit, being able to reserve the family room for this time. However, some patients did highlight that they did not have access to a personal phone and were not able to contact loved ones easily.
- **Issue around escorted leave.** From our discussions with patients and staff it became clear that a recurring issue across Jupiter and Lavender Wards was the inability of staff to facilitate escorted leave for patients for whom it has been clinically approved. Staff acknowledged that these delays or inability to offer the escorted leave could lead to patients becoming frustrated.
- **Lack of quality 1:1 time and assigned staff.** We also gathered from conversations with patients and staff that there was not as much 1:1 time between nursing staff and patients on a regular basis as seems desirable in the interest of patients' recovery. Most patients did not recall having 1:1 engagement time with staff and staff stated that they want to spend more time with patients but do not have the capacity to. We also heard little reference by patients to the system of having an assigned nurse.
- **Mixed communication with patients.** Some patients raised concerns that they felt they were not informed or consulted enough about their care plan or their medication and any changes to it.
- **Mixed opinions on activities.** Some patients felt occupied on the wards, but others wanted more meaningful activities and more regular therapeutic or one-to-one support. Those who were positive about activities mentioned how they enjoyed non-clinical activities such as cooking with the occupational therapist.
- **Lack of promotion for patient feedback by staff.** Most patients asked said staff had not promoted the opportunity for them to provide feedback about their time on the ward, which can be done via the Trust's online mechanism [Feedback Live](#)

Staff members

- **Staff team dynamics seem to be good and supported well by management.** Staff were consistently positive about working at the Trust and on the wards with supporting patients being identified by all staff respondents as the most rewarding part of their role.
- **Staff capacity is limited and staff can become overstretched.** Although staff were positive about supporting patients, there was also recognition that they do not always have enough time to provide the

level of support they would like. These shortages were the most prominent concern, affecting escorted leave, meaningful one-to-one time, and staff stress levels.

Enter & View Team Observations

- **Ward atmospheres are overall calm, bright and clean.** The design of both wards felt inviting and relaxing. During our two visits we saw communal areas in use by one or more patients with the gardens seeming to be particularly well utilised.
- **Lack of staff patient interactions & patient engagement with activities.** During our two visits we did not see extensive staff patient interactions. This seemed to be reinforced by the feedback we received from patients around 1:1 time and from staff around their capacity to do this. We also did not see many patients engaging in activities with this echoing mixed feedback we received from patients spoke to about the activities on offer. However, the limited interaction we did see seemed very positive.

4.2 Recommendations

Part of our remit for Enter and View is to make recommendations from what we were able to gather to inform the delivery and development of services. Providers have 20 working days to respond to these recommendations as well as provide any factual corrections.

Consider addressing the issue around escorted leave

We would recommend that South West London and St George's Mental Health NHS Trust (SWLSTG) look into the impact of delays and cancellations on Jupiter and Lavender wards in facilitating escorted leave which has been clinically approved in the interests of patients' recovery. It was acknowledged by both staff and patients that delays or cancellations in providing escorted leave led to frustration among patients. The issue seems to be closely linked to staff capacity and that current staffing levels are not enough to ensure the wards have the necessary number of staff present while also accompanying those on escorted leave.

Consider improving involvement and communication with patients around their care plan

We would recommend that SWLSTG and Ward Management assess the current arrangements for patient involvement in their care plan and the way this is communicated with them. From speaking to patients on both wards, we received a mixed response to knowledge and understanding of the care plan that each patient has. While it is clear that management has a care plan for each patient it was less clear if all patients had a copy and fully understood what it was for. In addition, some patients told us that they would like to be more included in discussions with staff around their care plan and have any changes that are made to it communicated clearly.

Consider improving communication with patients around medication and changes to it

We would also recommend that SWLSTG and Ward Management assess the current approach to patient communication regarding medication. Some patients told us that they felt the information given was not to the extent they would like and that changes to medication were often not fully explained properly to them.

Consider improving the quantity and quality of 1:1 time with patients and general interaction with patients

We would recommend that SWLSTG and Ward Management look into how 1:1 time with patients during their time on the ward is prioritised. We understand that this was closely linked to staff capacity. There seems to be a shared view between ward management, staff and patients that more 1:1 time is desirable in the interests of patients' experience and recovery

Consider working to improve the availability of activities and things to occupy patients while on the ward

We would recommend that Ward Management look at working with patients to better identify what further activities, organised or informal, might be made available to engage patients constructively and help pass their time on the ward. From our visits, patients' interactions with the activity room and partaking in hobbies in general seemed to be limited. While we acknowledge that it is of course difficult to cater to all patients' interests, various patients expressed that they would take part in more activities if they were more engaging while others just wanted more frequency of activities.

Consider steps to encourage the provision of feedback by patients via the Trust's online mechanism [Feedback Live](#)

Despite there being an online mechanism for patients to provide feedback to the Trust, only one of the 15 patients we spoke to had been approached by staff to provide feedback. We would recommend that Ward Management work with staff to ensure that they are encouraging patients to take part in providing feedback at appropriate times.

Consider extending the use of peer support workers wherever possible to debrief patients after incidents involving restraint

On our visit we spoke to a patient who had been restrained following an incident earlier in the day and was upset with staff as a result. At the time of visiting the patient was awaiting a debrief which we were informed by management would not include a peer support worker due to unavailability. We have been told of the success of the pilot project involving peer support worker debriefing of patients following incidents of restraint and therefore we would recommend that that SWLSTG and Ward Management look at prioritising peer support worker involvement in debriefing patients after incidents involving restraint.

5. Official response from South West London and St George's Mental Health NHS Trust (SWLSTG)

On behalf of South West London and St George's Mental Health NHS Trust, I would like to sincerely thank Healthwatch Wandsworth for undertaking the recent Enter and View visit to Lavender and Jupiter wards at Springfield University Hospital.

We are grateful for the time taken to speak with patients and staff and for producing such a thoughtful and constructive report. The insights provided are extremely valuable and help us better understand the experiences of people using our services. We welcome the findings and recommendations and are committed to using this feedback to continue improving the quality of care, communication and patient experience on our inpatient wards.

Please find below our response to each of the report's recommendations.

Recommendation 1: Consider addressing the issue around escorted leave

We acknowledge the importance of facilitating escorted leave as part of a service user's recovery journey and recognise the frustration that delays or cancellations can cause.

To support the safe and timely provision of escorted leave, the service line has recently introduced twice-daily safer staffing meetings chaired by the Matron and Clinical Service Leads. These meetings review staffing levels across the wards and identify any areas requiring escalation. In circumstances where staffing capacity has not been sufficient to meet patient needs, we have arranged additional healthcare support workers, including a dedicated 9am-5pm Healthcare Assistant, to provide additional capacity and support the inpatient wards.

Recommendation 2: Consider improving involvement and communication with patients around their care plan

We fully support the principle that service users should be actively involved in developing and understanding their care plans.

The Trust has recently introduced a new care planning approach, DIALOG+, which is designed to make care plans more personalised, recovery-focused and collaborative. To further improve communication and accessibility, the ward is currently trialling a process whereby the cross-shift nurse takes responsibility for ensuring care plans are distributed to service users and updated in real time during care plan review meetings.

Work is also underway to streamline daily processes and improve efficiency so that frontline staff can spend more time involving service users in discussions about their care and recovery goals.

Recommendation 3: Consider improving communication with patients around medication and changes to it

We appreciate the feedback regarding communication about medication and recognise the importance of ensuring that service users understand decisions relating to their treatment.

This feedback has been shared with both the medical and nursing teams and discussed at weekly staff meetings. Ideally medication changes will be discussed in collaboration with service users. However, where this is not possible, any medication changes proposed during morning staff handover discussions will now be recorded on the ward action board (a daily tool used to support communication on the ward) and assigned to a named member of staff. This will ensure that service users receive a timely explanation of any changes and have an opportunity to ask questions and discuss the rationale behind treatment decisions.

Recommendation 4: Consider improving the quantity and quality of one-to-one time with patients and general interaction with patients

We recognise that meaningful one-to-one time is an important aspect of therapeutic care and a positive inpatient experience.

Protecting time for one-to-one engagement has been escalated to senior leaders, including the Clinical Director and Heads of Service Delivery. In response, the Trust is introducing external support to help review and streamline the administrative and operational tasks currently undertaken by frontline staff. The aim is to improve processes and streamline time consuming tasks to create more capacity for meaningful one to one time and direct patient care.

As part of a wider programme of work, the Trust is also reviewing the frequency of daily audits conducted by ward staff as another possible avenue of freeing up additional time for one-to-one engagement.

Recommendation 5: Consider working to improve the availability of activities and things to occupy patients while on the ward

We agree that meaningful activities play a vital role in recovery and wellbeing during an inpatient stay.

Jupiter Ward has recently recruited a new Activity Coordinator. The Ward Manager has been asked to discuss the feedback received regarding the range and frequency of activities through regular supervision sessions with the Activity Coordinator. The Activity Coordinator has also been asked to review and update the activity timetable on collaboration with service users on a regular basis and ensure it is clearly displayed. In addition, the Activity Coordinator has access to a weekly budget for activity materials and supplies, enabling a broader range of activities that can cater for different interests and preferences.

The Trust is also reviewing activities and activity worker timetable, with the intention to enhance activities available over a seven-day period including out of hours.

Recommendation 6: Consider steps to encourage the provision of feedback by patients via Feedback Live

We welcome this recommendation and fully recognise the importance of creating opportunities for service users to provide feedback about their experiences.

Ward management has asked the Activity Coordinator to actively promote Feedback Live and encourage service users to share their views during weekly community meetings. Paper feedback forms will also be made available for those who prefer not to complete the online version, with the Ward Clerk supporting the upload of completed forms where required.

In addition, posters displaying Feedback Live QR codes have been placed throughout the ward to improve visibility and accessibility. Feedback Live participation rates are monitored as a Key Performance Indicator and reviewed monthly by senior management.

Recommendation 7: Consider extending the use of peer support workers wherever possible to debrief patients after incidents involving restraint

We welcome Healthwatch's recognition of the value of peer support workers and agree that they can play an important role in supporting service users following incidents involving restrictive practice.

The Acute and Urgent Care Service Line has a number of Peer Support Worker roles within the inpatient wards. Following any restrictive practice intervention, a Peer Support Worker will undertake a debrief with the service user wherever possible. Where the Peer Support Worker is not on duty, another member of the nursing team will complete the initial debrief and the Peer Support Worker will provide follow-up support when they next return to work.

Once again, we would like to thank Healthwatch for the constructive feedback contained within their report. We value the opportunity to reflect on both areas of good practice and areas where improvements can be made.

The recommendations and observations provided will continue to inform our ongoing quality improvement work as we strive to deliver the best possible care and experience for people using our services.

Many thanks,

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