

This report provides an initial view which will be subject to further review and amendment by
March 2015

CQC Mental Health Inpatient Service User Survey 2014

A quantitative equality analysis considering age, gender, CCG, site, ward, method of admission, and legal status on admission: Summary of findings

ANONYMISED FOR PUBLICATION

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Introduction

Aim

The present report looks at the 2014 Care Quality Commission's Mental Health Inpatient Service User Survey. The analysis aims to identify equality issues arising from service user's responses to the survey.

The Equality Act (2010)

The Equality Act (2010) describes a 'public sector equality duty' (section 149). The 'public sector equality duty' applies to listed public authorities (including NHS Trusts) and others who exercise public functions.

149 Public sector equality duty:

- (1) A public authority must, in the exercise of its functions, have due regard to the need to—
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- (2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
- (3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
 - (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The public sector equality duty covers people across nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership*; pregnancy and maternity; race; religion or belief; sex; sexual orientation. (*Marriage or civil partnership status is only covered by the first aim of the public sector equality duty, to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.)

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Listed public authorities must publish information to demonstrate compliance with the duty imposed by section 149(1) of the Act, at least annually. The information that a listed public authority publishes in compliance with paragraph (1) must include, in particular, information relating to persons who share a relevant protected characteristic who are—

- (a) its employees;
- (b) other persons affected by its policies and practices.

Although, only listed public authorities with 150 or more employees need publish information on their workforce.

Regarding other persons affected by its policies and practices, the types of information that listed authorities could publish to demonstrate compliance include¹:

- Records kept of how it has had due regard in making decisions, including any analysis undertaken and the evidence used.
- Relevant performance information, especially those relating to outcomes, for example information about levels of educational attainment for boys and girls, health outcomes for people from different ethnic minorities, and reported incidences of disability-related harassment.
- Access to and satisfaction with services, including complaints.
- Any quantitative and qualitative research undertaken, for example patient surveys and focus groups.
- Details of, and feedback from, any engagement exercises.

The present report considers the 2014 Care Quality Commission's Mental Health Inpatient Service User Survey which covers several topic areas: introduction to the ward, about the ward, hospital staff, care and treatment, rights, leaving hospital, and overall rating of the hospital stay. Breakdowns were available by age, gender, CCG, site, ward, method of admission, and legal status on admission. In order to reduce the potential for individuals to be identified in the data, subgroups of the aforementioned factors with small numbers of people were excluded from the raw data and analyses prior to being made available for analysis by Leicestershire Partnership NHS Trust (please refer to the Appendix of analytical methods for a summary of excluded and included groups).

A note on the anonymisation of information about service users within this report

In order to reduce the potential for individuals to be identified in the data, subgroups of the aforementioned factors with small numbers of people were excluded from the raw data and analyses prior to being made available for analysis by Leicestershire Partnership NHS Trust (please refer to the Appendix of analytical methods for a summary of excluded and included groups). Additionally, this version of the report has been further redacted and edited to avoid publishing information that could be used to identify individual service users and which might be considered personal information that is protected by the Data Protection Act 1998 and other legislation. Specifically, where counts of service users in groups listed in the tables in the Appendix of analytical methods are small enough to pose a risk of identifying individuals; these counts have been redacted from the tables. Where the redacted count can be deduced from other counts in a table, these other counts have been redacted as well. If a risk that individuals could be identified remains after redaction, or the table is rendered uninformative by the redaction of the counts within it, then the entire table is redacted. In the

¹ This guidance is taken from the technical guidance published by the Equality and Human Rights Commission: Equality Act 2010 Technical Guidance on the Public Sector Equality Duty England (August 2014), page 69

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present report, as a start point for the anonymisation process, counts below 10 have been redacted to mitigate the risk that individuals might be identifiable. The anonymisation process has followed guidance issued by the Information Commissioner's Office². The anonymisation process has been applied only to information that might contribute to identifying an individual (for instance, their gender or age); the anonymisation process has not been applied to information considered already anonymous (such as multiple choice responses to questions about patient experience).

² Information Commissioner's Office: Anonymisation: managing data protection risk code of practice (November 2012)

Summary of main findings and recommendations

Data and analyses supporting the findings detailed below are provided for reference in the Appendices of analyses. Each table referred to below is hyperlinked to its occurrence in the appendices.

Initial briefing on arrival at the ward

- Service users at LPT who were admitted informally were more likely to feel that they had been given a complete brief on the daily routine of the ward (Q3, Table 30); this is related to a numerical trend for service users at LPT who were admitted formally to be less likely to feel that they had been given a complete brief on the daily routine of the ward, but to be more likely to feel that they had been briefed to some extent on the daily routine of the ward.
- This finding may reflect differences in the circumstances of admission for those service users admitted informally and those admitted formally; however, it is recommended to investigate whether or not those admitted formally are receiving the best brief possible at the earliest appropriate opportunity.

Sharing a sleeping area with patients of the opposite sex

- Service users at LPT were, overall, more likely to report sharing a sleeping area with patients of the opposite sex, during their most recent stay (Q4, Table 1);
 - especially for men (Q4, Table 1), CCG 04C (Q4, Table 9), General Psychiatry and General Psychiatry City (Q4, Table 10), Ashby Ward and Thornton Ward (Q4, Table 11, Q4, Table 12), emergency admissions (Q4, Table 31), and involuntary admissions (Q4, Table 32).
- There appears to be a lack of contingency to accommodate emergency and involuntary admissions in a sleeping area appropriate to their gender; this finding relates especially to men and to certain areas within LPT. It is recommended to investigate the adequacy of the contingency for appropriate single-sex sleeping areas in the identified parts of LPT.

Cleanliness of the toilets and bathrooms

- Service users at LPT in General Psychiatry were more likely to feel that the toilets and bathrooms they used in hospital were “not at all clean” (Q11, Table 13, Table 14).
- It is recommended to investigate the cleanliness of the toilets and bathrooms in General Psychiatry at LPT.

Treatment with respect and dignity by nurses

- Service users at LPT who were admitted involuntarily were more likely to feel that nurses did not treat them with respect and dignity (Q22, Table 33, Table 34).
- It is recommended to investigate and take steps to ensure that all those admitted to LPT mental health services (especially involuntary admissions) are treated with respect and dignity by nurses.

Availability of activities during evenings and/or weekends

- Service users at LPT on Thornton Ward were more likely to feel that there were enough activities available for them to do during evenings and/or weekends “all of the time” (Q32, Table 15).
- It is recommended to examine the provision of evening and weekend activities for service users on Thornton Ward with a view to recording and sharing a potential example of good practice.

Detention under the Mental Health Act

- LPT had a proportionate number of service users detained under the Mental Health Act during their most recent stay (Q35, Table 16).

Out of hours phone numbers and information on how to get help in a crisis

- Service users at LPT were, overall, less likely to report having been given the number of someone from their local NHS Mental Health Service that they could phone out of office hours (Q43, Table 2);
 - especially for those aged 35 to 44 years old and those aged 55 to 64 years old (Q43, Table 2), men and women (Q43, Table 3), CCG 04C and CCG 04V (Q43, Table 19), the Alcohol Service (Q43, Table 20), Aston Ward and Beaumont Ward (Q43, Table 21), elective and emergency admissions (Q43, Table 39), and informal admissions (Q43, Table 40).
- Service users at LPT were, overall, less likely to report having been given information about how to get help in a crisis, or when urgent help is needed (Q44, Table 4);
 - especially for those service users aged 55 to 64 years old (Q44, Table 4), the Alcohol Service (Q44, Table 22), Aston Ward (Q44, Table 23), and elective admissions (Q44, Table 41).
- It is recommended to investigate whether or not LPT is meeting need with respect to the provision of an out of office hours phone number and the provision of information about how to get help in a crisis, or when urgent help is needed, especially for the demographic groups and areas of LPT identified.

Contact after leaving hospital

- Service users at LPT were, overall, more likely to report having not been contacted by a member of the mental health team since they left hospital (Q45, Table 5);
 - especially for those aged 35 to 44 years old, those aged 45 to 54 years old, and those aged 55 to 64 years old (Q45, Table 5); men and women (Q45, Table 6); CCG 04C and CCG 04V (Q45, Table 24); the Alcohol Service (Q45, Table 25, Table 26); Aston Ward (Q45, Table 27, Table 28); elective admissions (Q45, Table 42, Table 43); and informal admissions (Q45, Table 44).
- Service users at LPT were, overall, more likely to report waiting three weeks after leaving hospital to be contacted (Q46, Table 7);
 - especially for those aged 55 to 64 years old (Q46, Table 7); men (Q46, Table 8); CCG 03W (Q46, Table 29); elective admissions (Q46, Table 45); and informal admissions (Q46, Table 46);
 - additionally, men (Q46, Table 8), CCG 04C (Q46, Table 29), and informal admissions (Q46, Table 46) were more likely to report waiting four weeks or more after leaving hospital to be contacted.
- It is recommended to investigate whether or not LPT is meeting need with respect to contacting service users (in a timely manner or at all) after they leave hospital, especially for the demographic groups and areas of LPT identified.


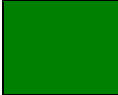







Future action

In relation to the areas highlighted above, the following actions will be taken by the Equality and Human Rights Team:

- Presentation of the findings from the data analyses to divisions and teams; support to divisions and teams in developing and executing action plans to tackle the identified equality issues and gaps in provision; monitoring of the progress and efficacy of the action plans implemented.
- Collaboration with teams within the divisions to improve completeness and quality in the collection of equality monitoring data from service users, to include efforts to encourage service users to declare equality monitoring information against all of the equality monitoring characteristics.

Appendices of analyses

Key to colour coding in the tables of analysis

	Level of representation in the benchmark
	Overrepresented to a large degree compared to the level of representation in the benchmark
	Overrepresented to a medium degree compared to the level of representation in the benchmark
	Overrepresented to a small degree compared to the level of representation in the benchmark
	Proportionately represented compared to the level of representation in the benchmark
	Underrepresented to a small degree compared to the level of representation in the benchmark
	Underrepresented to a medium degree compared to the level of representation in the benchmark
	Underrepresented to a large degree compared to the level of representation in the benchmark
	Statistical test not possible

The differences in the degrees of representation in the benchmark group (respondents nationally or LPT-wide) and in the group of interest (e.g., respondents from a particular ward, age band, or gender) are assessed using an analysis of standardised residuals (Bonferroni correction applied); degrees of representation (small, medium, large) follow the standards for effect sizes applied in the social sciences.

Analysis of the survey by the protected characteristics available (age and gender)

Q4. During your most recent stay, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?

Compared to the national benchmark:

- LPT had an overrepresentation of service users who reported sharing a sleeping area with patients of the opposite sex, during their most recent stay (Table 1); especially
 - men (Table 1).

Table 1: Q4. During your most recent stay, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex? Analysed by gender, compared against the national benchmark

	National		My Org		Female		Male	
Yes	145	7.89%	18	15.79%	4	6.45%	14	26.92%
No	1692	92.11%	96	84.21%	58	93.55%	38	73.08%

Q43. Do you have the number of someone from your local NHS mental health service that you can phone out of office hours?

Compared to the national benchmark:

- LPT had an overrepresentation of service users who reported not having the number of someone from their local NHS mental health service that they could phone out of office hours (Table 2); especially
 - those service users aged 35 to 44 years old and those service users aged 55 to 64 years old (Table 2);
 - both men and women (Table 3).

Table 2: Q43. Do you have the number of someone from your local NHS mental health service that you can phone out of office hours? Analysed by age group, compared against the national benchmark

	National		My Org		25-34		35-44		45-54		55-64	
Yes	1238	72.40%	51	48.11%	7	43.75%	13	46.43%	14	50.00%	13	46.43%
No	472	27.60%	55	51.89%	9	56.25%	15	53.57%	14	50.00%	15	53.57%

Table 3: Q43. Do you have the number of someone from your local NHS mental health service that you can phone out of office hours? Analysed by gender, compared against the national benchmark

	National		My Org		Female		Male	
Yes	1238	72.40%	51	48.11%	30	50.00%	21	45.65%
No	472	27.60%	55	51.89%	30	50.00%	25	54.35%

Q44. Before you left hospital, were you given information about how to get help in a crisis, or when urgent help is needed?

Compared to the national benchmark:

- LPT had an overrepresentation of service users who reported not having been given information about how to get help in a crisis, or when urgent help is needed (Table 4); especially
 - those service users aged 55 to 64 years old (Table 4).

Table 4: Q44. Before you left hospital, were you given information about how to get help in a crisis, or when urgent help is needed? Analysed by age group, compared against the national benchmark

	National		My Org		25-34		35-44		45-54		55-64	
Yes	1198	73.36%	53	56.38%	10	71.43%	14	56.00%	15	60.00%	10	40.00%
No	435	26.64%	41	43.62%	4	28.57%	11	44.00%	10	40.00%	15	60.00%

Q45. Have you been contacted by a member of the mental health team since you left hospital?

Compared to the national benchmark:

- LPT had an overrepresentation of service users who reported not having been contacted by a member of the mental health team since they left hospital (Table 5); especially
 - those service users aged 35 to 44 years old, those service users aged 45 to 54 years old, and those service users aged 55 to 64 years old (Table 5);
 - both men and women (Table 6).

Table 5: Q45. Have you been contacted by a member of the mental health team since you left hospital? Analysed by age group, compared against the national benchmark

	National	My Org	25-34	35-44	45-54	55-64
Yes	1481 85.07%	70 64.81%	10 62.50%	18 64.29%	17 60.71%	18 62.07%
No	260 14.93%	38 35.19%	6 37.50%	10 35.71%	11 39.29%	11 37.93%

Table 6: Q45. Have you been contacted by a member of the mental health team since you left hospital? Analysed by gender, compared against the national benchmark

	National	My Org	Female	Male
Yes	1481 85.07%	70 64.81%	39 65.00%	31 64.58%
No	260 14.93%	38 35.19%	21 35.00%	17 35.42%

Q46. About how long after you left hospital were you contacted?

Compared to the national benchmark:

- LPT had an overrepresentation of service users who reported being contacted three weeks after leaving hospital (Table 7); especially
 - those service users aged 55 to 64 years old (Table 7);
 - whilst men were overrepresented amongst service users who reported being contacted either three weeks or four weeks or longer after leaving hospital (Table 8).

Table 7: Q46. About how long after you left hospital were you contacted? Analysed by age group, compared against the national benchmark

	National		My Org		25-34	35-44	45-54	55-64			
One week or less	1000	76.57%	34	54.84%	REDACTED	11	78.57%	9	56.25%	5	31.25%
Two weeks	178	13.63%	13	20.97%	REDACTED	1	7.14%	3	18.75%	6	37.50%
Three weeks	32	2.45%	5	8.06%	REDACTED	1	7.14%	0	0.00%	3	18.75%
Four weeks or longer	96	7.35%	10	16.13%	REDACTED	1	7.14%	4	25.00%	2	12.50%

Table 8: Q46. About how long after you left hospital were you contacted? Analysed by gender, compared against the national benchmark

	National		My Org		Female		Male	
One week or less	1000	76.57%	34	54.84%	22	61.11%	12	46.15%
Two weeks	178	13.63%	13	20.97%	8	22.22%	5	19.23%
Three weeks	32	2.45%	5	8.06%	2	5.56%	3	11.54%
Four weeks or longer	96	7.35%	10	16.13%	4	11.11%	6	23.08%

Analysis of the survey by CCG, site, and ward

Q4. During your most recent stay, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?

Compared to the national benchmark:

- LPT had an overrepresentation of service users who reported sharing a sleeping area with patients of the opposite sex, during their most recent stay (Table 9); especially
 - CCG 04C (Table 9);
 - General Psychiatry and General Psychiatry City (Table 10);
 - Ashby Ward and Thornton Ward (Table 11); this was also true of Thornton Ward compared against the LPT benchmark (Table 12).

Table 9: Q4. During your most recent stay, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex? Analysed by CCG, compared against the national benchmark

	National	My Org	03W	04C	04V
Yes	145 7.89%	18 15.79%	5 16.13%	11 20.37%	2 6.90%
No	1692 92.11%	96 84.21%	26 83.87%	43 79.63%	27 93.10%

Table 10: Q4. During your most recent stay, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex? Analysed by site, compared against the national benchmark

	National	My Org	Alcohol Service	General Psychiatry	General Psychiatry City	General Psychiatry Counties
Yes	145 7.89%	18 15.79%	4 16.00%	4 26.67%	9 23.68%	1 3.70%
No	1692 92.11%	96 84.21%	21 84.00%	11 73.33%	29 76.32%	26 96.30%

**Table 11: Q4. During your most recent stay, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?
Analysed by ward, compared against the national benchmark**

	National	My Org	ASHBY	ASTON	BEAUMONT	HEATHER	THORNTON
Yes	145 7.89%	18 15.79%	4 36.36%	4 11.43%	0 0.00%	1 5.00%	7 50.00%
No	1692 92.11%	96 84.21%	7 63.64%	31 88.57%	18 100.00%	19 95.00%	7 50.00%

**Table 12: Q4. During your most recent stay, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?
Analysed by ward, compared against the LPT benchmark**

	My Org	ASHBY	ASTON	BEAUMONT	HEATHER	THORNTON
Yes	18 15.79%	4 36.36%	4 11.43%	0 0.00%	1 5.00%	7 50.00%
No	96 84.21%	7 63.64%	31 88.57%	18 100.00%	19 95.00%	7 50.00%

Q11. How clean were the toilets and bathrooms that you used in hospital?

Compared to the national benchmark:

- Overall, LPT had proportional representation across categories for service users who reported that the toilets and bathrooms they used in hospital were “very clean,” “fairly clean,” “not very clean,” and “not at all clean.” (Table 13); however,
 - in General Psychiatry there was an overrepresentation of service users who reported that the toilets and bathrooms they used in hospital were “not at all clean” (Table 13); this was also true in General Psychiatry compared against the LPT benchmark (Table 14).

Table 13: Q11. How clean were the toilets and bathrooms that you used in hospital? Analysed by site, compared against the national benchmark

	National		My Org		Alcohol Service		General Psychiatry		General Psychiatry City		General Psychiatry Counties	
Very clean	868	47.35%	61	53.51%	14	56.00%	3	20.00%	17	44.74%	20	74.07%
Fairly clean	680	37.10%	36	31.58%	9	36.00%	7	46.67%	11	28.95%	7	25.93%
Not very clean	183	9.98%	11	9.65%	2	8.00%	1	6.67%	8	21.05%	0	0.00%
Not at all clean	102	5.56%	6	5.26%	0	0.00%	4	26.67%	2	5.26%	0	0.00%

Table 14: Q11. How clean were the toilets and bathrooms that you used in hospital? Analysed by site, compared against the LPT benchmark

	My Org		Alcohol Service		General Psychiatry		General Psychiatry City		General Psychiatry Counties	
Very clean	61	53.51%	14	56.00%	3	20.00%	17	44.74%	20	74.07%
Fairly clean	36	31.58%	9	36.00%	7	46.67%	11	28.95%	7	25.93%
Not very clean	11	9.65%	2	8.00%	1	6.67%	8	21.05%	0	0.00%
Not at all clean	6	5.26%	0	0.00%	4	26.67%	2	5.26%	0	0.00%

Q32. During your most recent stay, were there enough activities available for you to do during evenings and/or weekends?

Compared to the national benchmark:

- Overall, LPT had proportional representation across categories for service users who reported that there were enough activities available for them to do during evenings and/or weekends “all of the time,” “some of the time,” or not (Table 15); however,
 - on Thornton Ward there was an overrepresentation of service users who reported that there were enough activities available for them to do during evenings and/or weekends “all of the time” (Table 15).

Table 15: Q32. During your most recent stay, were there enough activities available for you to do during evenings and/or weekends? Analysed by ward, compared against the national benchmark

	National		My Org		ASHBY		ASTON		BEAUMONT		HEATHER		THORNTON	
Yes, all of the time	261	14.44%	20	18.02%	0	0.00%	3	9.09%	3	16.67%	7	35.00%	6	42.86%
Yes, some of the time	594	32.85%	24	21.62%	2	18.18%	8	24.24%	3	16.67%	5	25.00%	2	14.29%
No	953	52.71%	67	60.36%	9	81.82%	22	66.67%	12	66.67%	8	40.00%	6	42.86%

Q35. At any time during your most recent admission were you detained (sectioned) under the Mental Health Act?

Compared to the national benchmark:

- Overall, LPT had proportional representation amongst service users regarding detention under the Mental Health Act during their most recent stay (Table 16); however,
 - in the Alcohol Service there was an underrepresentation of service users who reported being detained under the Mental Health Act during their most recent stay (Table 16); this was also true in the Alcohol Service compared against the LPT benchmark (Table 17);
 - and on Aston Ward there was an underrepresentation of service users who reported being detained under the Mental Health Act during their most recent stay (Table 18).

Table 16: Q35. At any time during your most recent admission were you detained (sectioned) under the Mental Health Act? Analysed by site, compared against the national benchmark

	National		My Org		Alcohol Service		General Psychiatry		General Psychiatry City		General Psychiatry Counties	
Yes	912	53.15%	48	45.71%	0	0.00%	6	46.15%	23	65.71%	13	52.00%
No	804	46.85%	57	54.29%	24	100.00%	7	53.85%	12	34.29%	12	48.00%

Table 17: Q35. At any time during your most recent admission were you detained (sectioned) under the Mental Health Act? Analysed by site, compared against the LPT benchmark

	My Org		Alcohol Service		General Psychiatry		General Psychiatry City		General Psychiatry Counties	
Yes	48	45.71%	0	0.00%	6	46.15%	23	65.71%	13	52.00%
No	57	54.29%	24	100.00%	7	53.85%	12	34.29%	12	48.00%

Table 18: Q35. At any time during your most recent admission were you detained (sectioned) under the Mental Health Act? Analysed by ward, compared against the national benchmark

	National		My Org		ASHBY	ASTON	BEAUMONT	HEATHER	THORNTON
Yes	912	53.15%	48	45.71%	REDACTED	6 17.65%	9 52.94%	11 57.89%	10 76.92%
No	804	46.85%	57	54.29%	REDACTED	28 82.35%	8 47.06%	8 42.11%	3 23.08%

Q43. Do you have the number of someone from your local NHS mental health service that you can phone out of office hours?

Compared to the national benchmark:

- LPT had an overrepresentation of service users who reported not having the number of someone from their local NHS mental health service that they could phone out of office hours (Table 19); especially
 - CCG 04C and CCG 04V (Table 19);
 - the Alcohol Service (Table 20);
 - Aston Ward and Beaumont Ward (Table 21).

Table 19: Q43. Do you have the number of someone from your local NHS mental health service that you can phone out of office hours? Analysed by CCG, compared against the national benchmark

	National		My Org		03W	04C	04V
Yes	1238	72.40%	51	48.11%	18 60.00%	22 44.90%	11 40.74%
No	472	27.60%	55	51.89%	12 40.00%	27 55.10%	16 59.26%

Table 20: Q43. Do you have the number of someone from your local NHS mental health service that you can phone out of office hours? Analysed by site, compared against the national benchmark

	National		My Org		Alcohol Service		General Psychiatry		General Psychiatry City		General Psychiatry Counties	
Yes	1238	72.40%	51	48.11%	5	21.74%	7	50.00%	21	58.33%	14	58.33%
No	472	27.60%	55	51.89%	18	78.26%	7	50.00%	15	41.67%	10	41.67%

Table 21: Q43. Do you have the number of someone from your local NHS mental health service that you can phone out of office hours? Analysed by ward, compared against the national benchmark

	National		My Org		ASHBY		ASTON		BEAUMONT		HEATHER		THORNTON	
Yes	1238	72.40%	51	48.11%	5	50.00%	11	33.33%	6	37.50%	13	68.42%	7	58.33%
No	472	27.60%	55	51.89%	5	50.00%	22	66.67%	10	62.50%	6	31.58%	5	41.67%

Q44. Before you left hospital, were you given information about how to get help in a crisis, or when urgent help is needed?

Compared to the national benchmark:

- LPT had an overrepresentation of service users who reported not having been given information about how to get help in a crisis, or when urgent help is needed (Table 22); especially
 - the Alcohol Service (Table 22);
 - Aston Ward (Table 23).

Table 22: Q44. Before you left hospital, were you given information about how to get help in a crisis, or when urgent help is needed? Analysed by site, compared against the national benchmark

	National		My Org		Alcohol Service		General Psychiatry City		General Psychiatry Counties			
Yes	1198	73.36%	53	56.38%	6	30.00%	7	53.85%	22	68.75%	15	65.22%
No	435	26.64%	41	43.62%	14	70.00%	6	46.15%	10	31.25%	8	34.78%

Table 23: Q44. Before you left hospital, were you given information about how to get help in a crisis, or when urgent help is needed? Analysed by ward, compared against the national benchmark

	National		My Org		ASHBY	ASTON	BEAUMONT	HEATHER	THORNTON
Yes	1198	73.36%	53	56.38%	REDACTED	10 35.71%	8 57.14%	13 72.22%	6 54.55%
No	435	26.64%	41	43.62%	REDACTED	18 64.29%	6 42.86%	5 27.78%	5 45.45%

Q45. Have you been contacted by a member of the mental health team since you left hospital?

Compared to the national benchmark:

- LPT had an overrepresentation of service users who reported not having been contacted by a member of the mental health team since they left hospital (Table 24); especially
 - CCG 04C and CCG 04V (Table 24);
 - the Alcohol Service (Table 25); and was also true in the Alcohol Service compared against the LPT benchmark (Table 26);
 - Aston Ward (Table 27); and was also true for Aston Ward compared against the LPT benchmark (Table 28).

Table 24: Q45. Have you been contacted by a member of the mental health team since you left hospital? Analysed by CCG, compared against the national benchmark

	National		My Org		03W		04C		04V	
Yes	1481	85.07%	70	64.81%	23	74.19%	30	60.00%	17	62.96%
No	260	14.93%	38	35.19%	8	25.81%	20	40.00%	10	37.04%

Table 25: Q45. Have you been contacted by a member of the mental health team since you left hospital? Analysed by site, compared against the national benchmark

	National		My Org		Alcohol Service		General Psychiatry		General Psychiatry City		General Psychiatry Counties	
Yes	1481	85.07%	70	64.81%	5	21.74%	11	78.57%	28	73.68%	20	83.33%
No	260	14.93%	38	35.19%	18	78.26%	3	21.43%	10	26.32%	4	16.67%

Table 26: Q45. Have you been contacted by a member of the mental health team since you left hospital? Analysed by site, compared against the LPT benchmark

	My Org		Alcohol Service		General Psychiatry		General Psychiatry City		General Psychiatry Counties	
Yes	70	64.81%	5	21.74%	11	78.57%	28	73.68%	20	83.33%
No	38	35.19%	18	78.26%	3	21.43%	10	26.32%	4	16.67%

Table 27: Q45. Have you been contacted by a member of the mental health team since you left hospital? Analysed by ward, compared against the national benchmark

	National		My Org		ASHBY		ASTON		BEAUMONT		HEATHER		THORNTON	
Yes	1481	85.07%	70	64.81%	8	80.00%	12	36.36%	12	75.00%	18	94.74%	10	71.43%
No	260	14.93%	38	35.19%	2	20.00%	21	63.64%	4	25.00%	1	5.26%	4	28.57%

Table 28: Q45. Have you been contacted by a member of the mental health team since you left hospital? Analysed by ward, compared against the LPT benchmark

	My Org		ASHBY		ASTON		BEAUMONT		HEATHER		THORNTON	
Yes	70	64.81%	8	80.00%	12	36.36%	12	75.00%	18	94.74%	10	71.43%
No	38	35.19%	2	20.00%	21	63.64%	4	25.00%	1	5.26%	4	28.57%

Q46. About how long after you left hospital were you contacted?

Compared to the national benchmark:

- LPT had an overrepresentation of service users who reported being contacted three weeks after leaving hospital (Table 29); especially
 - CCG 03W (Table 29);
 - whilst for CCG 04C there was an overrepresentation of service users who reported being contacted four weeks or longer after leaving hospital (Table 29).

Table 29: Q46. About how long after you left hospital were you contacted? Analysed by CCG, compared against the national benchmark

	National		My Org		03W		04C		04V	
One week or less	1000	76.57%	34	54.84%	11	55.00%	15	55.56%	8	53.33%
Two weeks	178	13.63%	13	20.97%	3	15.00%	5	18.52%	5	33.33%
Three weeks	32	2.45%	5	8.06%	3	15.00%	1	3.70%	1	6.67%
Four weeks or longer	96	7.35%	10	16.13%	3	15.00%	6	22.22%	1	6.67%

Analysis of the survey by method of admission and legal status on admission

Q3. When you arrived on the ward, or soon afterwards, did a member of staff tell you about the daily routine of the ward, such as times of meals and visitors times?

Compared to the national benchmark:

- Overall, LPT had proportional representation across categories for service users who reported that a member of staff told them about the daily routine of the ward: “completely,” “to some extent,” or not (Table 30); however,
 - amongst informal admissions there was an overrepresentation of service users who reported that a member of staff told them about the daily routine of the ward “completely” (Table 30).

Table 30: Q3. When you arrived on the ward, or soon afterwards, did a member of staff tell you about the daily routine of the ward, such as times of meals and visitors times? Analysed by legal status on admission, compared against the national benchmark

	National		My Org		Informal		Involuntary	
Yes, completely	640	35.20%	53	48.62%	45	54.22%	8	30.77%
Yes, to some extent	632	34.76%	32	29.36%	21	25.30%	11	42.31%
No	546	30.03%	24	22.02%	17	20.48%	7	26.92%

Q4. During your most recent stay, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?

Compared to the national benchmark:

- LPT had an overrepresentation of service users who reported sharing a sleeping area with patients of the opposite sex, during their most recent stay (Table 31); especially
 - emergency admissions (Table 31);
 - involuntary admissions (Table 32).

Table 31: Q4. During your most recent stay, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex? Analysed by method of admission, compared against the national benchmark

	National		My Org		Elective		Emergency	
Yes	145	7.89%	18	15.79%	4	15.38%	14	16.09%
No	1692	92.11%	96	84.21%	22	84.62%	73	83.91%

Table 32: Q4. During your most recent stay, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex? Analysed by legal status on admission, compared against the national benchmark

	National		My Org		Informal		Involuntary	
Yes	145	7.89%	18	15.79%	11	12.79%	7	25.00%
No	1692	92.11%	96	84.21%	75	87.21%	21	75.00%

Q22. Did the nurses treat you with respect and dignity?

Compared to the national benchmark:

- Overall, LPT had proportional representation amongst service users regarding whether they reported that nurses treated them with respect and dignity “always,” “sometimes,” or not (Table 33); however,
 - amongst involuntary admissions there was an overrepresentation of service users who reported that nurses did not treat them with respect and dignity (Table 33); this was also true of involuntary admissions compared against the LPT benchmark (Table 34).

Table 33: Q22. Did the nurses treat you with respect and dignity? Analysed by legal status on admission, compared against the national benchmark

	National		My Org		Informal		Involuntary	
Yes, always	1065	58.10%	67	59.29%	56	65.12%	11	40.74%
Yes, sometimes	578	31.53%	35	30.97%	28	32.56%	7	25.93%
No	190	10.37%	11	9.73%	2	2.33%	9	33.33%

Table 34: Q22. Did the nurses treat you with respect and dignity? Analysed by legal status on admission, compared against the LPT benchmark

	My Org		Informal		Involuntary	
Yes, always	67	59.29%	56	65.12%	11	40.74%
Yes, sometimes	35	30.97%	28	32.56%	7	25.93%
No	11	9.73%	2	2.33%	9	33.33%

Q35. At any time during your most recent admission were you detained (sectioned) under the Mental Health Act?

Compared to the national benchmark:

- Overall, LPT had proportional representation amongst service users regarding detention under the Mental Health Act during their most recent stay (Table 35); however,
 - amongst elective admissions there was an underrepresentation of service users who reported being detained under the Mental Health Act during their most recent stay (Table 35); this was also true of elective admissions compared against the LPT benchmark (Table 36);
 - amongst informal admissions there was an underrepresentation of service users who reported being detained under the Mental Health Act during their most recent stay (Table 37);
 - amongst involuntary admissions there was an overrepresentation of service users who reported being detained under the Mental Health Act during their most recent stay (Table 37); this was also true of involuntary admissions compared against the LPT benchmark (Table 38).

Table 35: Q35. At any time during your most recent admission were you detained (sectioned) under the Mental Health Act? Analysed by method of admission, compared against the national benchmark

	National		My Org		Elective		Emergency	
Yes	912	53.15%	48	45.71%	0	0.00%	48	60.00%
No	804	46.85%	57	54.29%	25	100.00%	32	40.00%

Table 36: Q35. At any time during your most recent admission were you detained (sectioned) under the Mental Health Act? Analysed by method of admission, compared against the LPT benchmark

	My Org		Elective		Emergency	
Yes	48	45.71%	0	0.00%	48	60.00%
No	57	54.29%	25	100.00%	32	40.00%

Table 37: Q35. At any time during your most recent admission were you detained (sectioned) under the Mental Health Act? Analysed by legal status on admission, compared against the national benchmark

	National		My Org		Informal		Involuntary	
Yes	912	53.15%	48	45.71%	22	27.85%	26	100.00%
No	804	46.85%	57	54.29%	57	72.15%	0	0.00%

Table 38: Q35. At any time during your most recent admission were you detained (sectioned) under the Mental Health Act? Analysed by legal status on admission, compared against the LPT benchmark

	My Org		Informal		Involuntary	
Yes	48	45.71%	22	27.85%	26	100.00%
No	57	54.29%	57	72.15%	0	0.00%

Q43. Do you have the number of someone from your local NHS mental health service that you can phone out of office hours?

Compared to the national benchmark:

- LPT had an overrepresentation of service users who reported not having the number of someone from their local NHS mental health service that they could phone out of office hours (Table 39); especially
 - elective and emergency admissions (Table 39);
 - informal admissions (Table 40).

Table 39: Q43. Do you have the number of someone from your local NHS mental health service that you can phone out of office hours? Analysed by method of admission, compared against the national benchmark

	National		My Org		Elective		Emergency	
Yes	1238	72.40%	51	48.11%	5	20.83%	46	56.79%
No	472	27.60%	55	51.89%	19	79.17%	35	43.21%

Table 40: Q43. Do you have the number of someone from your local NHS mental health service that you can phone out of office hours? Analysed by legal status on admission, compared against the national benchmark

	National		My Org		Informal		Involuntary	
Yes	1238	72.40%	51	48.11%	35	43.21%	16	64.00%
No	472	27.60%	55	51.89%	46	56.79%	9	36.00%

Q44. Before you left hospital, were you given information about how to get help in a crisis, or when urgent help is needed?

Compared to the national benchmark:

- LPT had an overrepresentation of service users who reported not having been given information about how to get help in a crisis, or when urgent help is needed (Table 41); especially
 - elective admissions (Table 41).

Table 41: Q44. Before you left hospital, were you given information about how to get help in a crisis, or when urgent help is needed? Analysed by method of admission, compared against the national benchmark

	National		My Org		Elective		Emergency	
Yes	1198	73.36%	53	56.38%	6	30.00%	47	63.51%
No	435	26.64%	41	43.62%	14	70.00%	27	36.49%

Q45. Have you been contacted by a member of the mental health team since you left hospital?

Compared to the national benchmark:

- LPT had an **overrepresentation** of service users who reported **not having been contacted** by a member of the mental health team since they left hospital (Table 42); especially
 - **elective** admissions (Table 42); and was also true of **elective** admissions compared against the LPT benchmark (Table 43);
 - **informal** admissions (Table 44).

Table 42: Q45. Have you been contacted by a member of the mental health team since you left hospital? Analysed by method of admission, compared against the national benchmark

	National		My Org		Elective		Emergency	
Yes	1481	85.07%	70	64.81%	5	20.83%	65	78.31%
No	260	14.93%	38	35.19%	19	79.17%	18	21.69%

Table 43: Q45. Have you been contacted by a member of the mental health team since you left hospital? Analysed by method of admission, compared against the LPT benchmark

	My Org		Elective		Emergency	
Yes	70	64.81%	5	20.83%	65	78.31%
No	38	35.19%	19	79.17%	18	21.69%

Table 44: Q45. Have you been contacted by a member of the mental health team since you left hospital? Analysed by legal status on admission, compared against the national benchmark

	National		My Org		Informal		Involuntary	
Yes	1481	85.07%	70	64.81%	46	56.10%	24	92.31%
No	260	14.93%	38	35.19%	36	43.90%	2	7.69%

Q46. About how long after you left hospital were you contacted?

Compared to the national benchmark:

- LPT had an overrepresentation of service users who reported being contacted three weeks after leaving hospital (Table 45); especially
 - elective admissions (Table 45);
 - whilst informal admissions were overrepresented amongst service users who reported being contacted either three weeks or four weeks or longer after leaving hospital (Table 46).

Table 45: Q46. About how long after you left hospital were you contacted? Analysed by method of admission, compared against the national benchmark

	National		My Org		Elective	Emergency	
One week or less	1000	76.57%	34	54.84%	REDACTED	33	56.90%
Two weeks	178	13.63%	13	20.97%	REDACTED	11	18.97%
Three weeks	32	2.45%	5	8.06%	REDACTED	5	8.62%
Four weeks or longer	96	7.35%	10	16.13%	REDACTED	9	15.52%

Table 46: Q46. About how long after you left hospital were you contacted? Analysed by legal status on admission, compared against the national benchmark

	National		My Org		Informal		Involuntary	
One week or less	1000	76.57%	34	54.84%	20	47.62%	14	70.00%
Two weeks	178	13.63%	13	20.97%	9	21.43%	4	20.00%
Three weeks	32	2.45%	5	8.06%	5	11.90%	0	0.00%
Four weeks or longer	96	7.35%	10	16.13%	8	19.05%	2	10.00%

Appendix of analytical methods

Data available from the Care Quality Commission’s 2014 Mental Health Inpatient Service User Survey, through Quality Health’s reporting portal (Survey Online Analysis & Reporting - S.O.L.A.R.) were analysed against national and LPT-wide benchmarks, in term of the available breakdowns: age group, gender, CCG, site, ward, method of admission, and legal status on admission. Within each breakdown, Quality Health excludes subgroups with small numbers of respondents to reduce the risk that individuals can be identified from the analyses. The excluded and included groups for the age group, gender, CCG, site, ward, method of admission, and legal status on admission analyses are given in Table 47, Table 48, Table 49, Table 50, Table 51, Table 52, and Table 53 respectively.

Table 47: Excluded and included groups for the age group breakdown

Excluded Groups	Included Groups
16-24 (REDACTED)	National (1859)
65-74 (REDACTED)	My Org. (114)
Missing (0)	25-34 (16)
	35-44 (30)
	45-54 (32)
	55-64 (29)

Table 48: Excluded and included groups for the gender breakdown

Excluded Groups	Included Groups
Missing (0)	National (1859)
	My Org. (114)
	Female (62)
	Male (52)

Table 49: Excluded and included groups for the CCG breakdown

Excluded Groups	Included Groups
Missing (0)	National (1859)
	My Org. (114)
	03W (31)
	04C (54)
	04V (29)

Table 50: Excluded and included groups for the site breakdown

Excluded Groups	Included Groups
Assertive Outreach City (REDACTED)	National (1859)
Drug Service (REDACTED)	My Org. (114)
Missing (0)	Alcohol Service (25)
	General Psychiatry Counties (27)
	General Psychiatry City (38)
	General Psychiatry (15)

Table 51: Excluded and included groups for the ward breakdown

Excluded Groups	Included Groups
BOSWORTH (REDACTED)	National (1859)
WATERMEAD (REDACTED)	My Org. (114)
Missing (0)	ASHBY (11)
	ASTON (35)
	BEAUMONT (18)
	HEATHER (20)
	THORNTON (14)

Table 52: Excluded and included groups for the method of admission breakdown

Excluded Groups	Included Groups
REDACTED (REDACTED)	National (1859)
Missing (0)	My Org. (114)
	Elective (26)
	Emergency (87)

Table 53: Excluded and included groups for the legal status on admission breakdown

Excluded Groups	Included Groups
Missing (0)	National (1859)
	My Org. (114)
	Informal (86)
	Involuntary (28)