

# Leicestershire Partnership NHS Trust: CQC Mental Health Inpatient Survey 2017

A quantitative equality analysis considering ward, age,  
gender, and ethnicity: Summary of findings

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## Introduction

### Aim

The present report looks at the 2017 Care Quality Commission's Mental Health Inpatient Survey. The analyses aim to identify equality issues arising from service users' responses to the survey, taking into account trends from the current year (2017) and previous years (2015, 2016).

### 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.)

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 include<sup>1</sup>:

- 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 2017 Care Quality Commission's Mental Health Inpatient Survey which covers several topic areas: introduction to the ward, about the ward, hospital staff, care and treatment, patient's rights, leaving hospital, and an overall rating.

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<sup>1</sup> 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

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

This version of the report has been redacted and edited to allow publication on a publicly accessible website. The report contains counts of numbers of service users, analysed in several tables, by their protected characteristics (e.g., age group, gender). The use of these tables to produce aggregated summaries of service user counts has the effect of anonymising much of the information and protecting the identities of individual service users. However, some analyses contain very small counts of service users in some protected characteristic groups, especially when broken down by certain domains of interest. Such small counts could, potentially, be used to identify individual service users, even after aggregation. Consequently, these small counts might be considered personal information that is protected by the Data Protection Act 1998 and other legislation. Where there is a risk that individuals could be identified from a small count, 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. In the 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 Office<sup>2</sup>. Additionally, some groups have been suppressed and excluded from the analyses at the data source (please refer to the Appendix of analytical methods: Excluded and included groups). In the tables of analysis throughout this report, the letter "R" is used to indicate a redacted number.

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

## Main findings

Data and analyses supporting the findings summarised below are provided for reference in the Appendix of analyses. The analyses aim to identify equality issues arising from service users' responses to the survey, taking into account trends from the current year (2017) and previous years (2015, 2016). Each table referred to below is hyperlinked to its occurrence in the appendix.

### Good practice

- The differing dietary requirements of inpatients (for example because of cultural or religious beliefs, a particular health condition, or through personal choice, Table 2) were catered for, with equality of provision by age, ethnicity, and gender (Table 3)
- The level of provision of talking therapy services has improved since 2015, with equitable provision by age, ethnicity, and gender (Table 4)
- Knowledge amongst service users of an out of hours phone number for mental health services has improved since 2015, and was equitable by age, ethnicity, and gender (Table 7)
- The level of contact with services users by a member of the mental health team since the service user left hospital has improved since 2015, and was equitable by age, ethnicity, and gender (Table 8)
- LPT's service users' overall ratings of the care they have received whilst in hospital tracked above the national benchmark in 2015, 2016, and 2017 (Table 9)

### Areas for improvement

- As in previous years (2015, 2016), in 2017 some inpatients reported sharing a sleeping area, for example a room or bay, with patients of the opposite sex; this may have occurred on single sex wards (Table 1, due to a lack of clarity in the survey data, there is a need to investigate the extent to which this happened on single sex wards)

## Appendix of analyses

A key to the colour coding in the tables of analysis can be found in Table 14.

### Sharing a sleeping area, for example a room or bay, with patients of the opposite sex

- Compared to the national benchmark, in 2017 LPT's service users were more likely to report having shared a sleeping area, for example a room or bay, with patients of the opposite sex (7% nationally vs 15% at LPT, Table 1); this trend was apparent in 2015 and, to a statistically significant degree, in 2016.
- Some patients on single sex wards (e.g., 23% on Thornton ward – a male only ward) reported having shared a sleeping area with patients of the opposite sex. However, the question related to this finding asked "During your most recent stay, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?" Consequently, it is not certain that this sharing occurred on the single sex ward or at a different point during their stay. Nonetheless, the issue warrants investigation.

**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?**

		% Yes*		
		2015	2016	2017
LPT vs National	National	8.88% (103/1160)	6.67% (69/1034)	6.99% (87/1244)
	LPT Overall	14.68% (16/109)	16.00% (12/75)	15.00% (12/80)
LPT Overall		14.68% (16/109)	16.00% (12/75)	15.00% (12/80)
Age Group	25-34	7.14% (1/14)	8.33% (1/12)	30.77% (4/13)
	35-44	10.71% (3/28)	10.53% (2/19)	25.00% (3/12)
	45-54	18.75% (6/32)	26.32% (5/19)	16.00% (4/25)
	55-64	14.29% (4/28)	15.00% (3/20)	0.00% (0/21)
Gender	Female	10.94% (7/64)	21.05% (8/38)	9.52% (4/42)
	Male	20.00% (9/45)	10.81% (4/37)	21.05% (8/38)
Ethnicity (super group)	Asian or Asian British	16.67% (3/18)	18.18% (2/11)	0.00% (0/15)
	White	14.63% (12/82)	15.79% (9/57)	20.00% (9/45)
Ethnicity (White vs BME)	BME	15.38% (4/26)	17.65% (3/17)	5.00% (1/20)
	White	14.63% (12/82)	15.79% (9/57)	20.00% (9/45)
Ward name	Ashby	28.57% (6/21)	5.56% (1/18)	11.11% (2/18)
	Aston	9.68% (3/31)	33.33% (4/12)	-
	Beaumont	-	-	9.09% (1/11)
	Bosworth	0.00% (0/13)	20.00% (2/10)	-
	Heather	0.00% (0/14)	-	-
	Thornton	35.71% (5/14)	8.33% (1/12)	23.08% (3/13)

\* % calculated out of the total responding "yes" or "no"

## Dietary requirements

- Compared to LPT overall, in 2017 there was a trend for Asian British service users (Table 2) to be more likely to report having specific dietary requirements (for example because of cultural or religious beliefs, a particular health condition, or through personal choice – 60% of Asian British service users vs 16% of White service users) – although not to a statistically significant degree; this trend was apparent to a statistically significant degree in 2015 and 2016.
- Most service users (91%) were able to get the specific diet that they needed from the hospital, with no statistically significant variation by age, ethnicity or gender in dietary needs being met (Table 3).

**Table 2: Q8. Do you have a specific diet, for example because of your cultural or religious beliefs, because you have a particular health condition, or through personal choice?**

		% Yes*		
		2015	2016	2017
LPT vs National	National	18.61% (209/1123)	20.00% (200/1000)	24.44% (294/1203)
	LPT Overall	28.43% (29/102)	29.33% (22/75)	27.50% (22/80)
LPT Overall		28.43% (29/102)	29.33% (22/75)	27.50% (22/80)
Age Group	25-34	42.86% (6/14)	25.00% (3/12)	8.33% (1/12)
	35-44	19.23% (5/26)	36.84% (7/19)	50.00% (6/12)
	45-54	26.67% (8/30)	15.79% (3/19)	19.23% (5/26)
	55-64	32.00% (8/25)	35.00% (7/20)	33.33% (7/21)
Gender	Female	28.33% (17/60)	32.43% (12/37)	28.57% (12/42)
	Male	28.57% (12/42)	26.32% (10/38)	26.32% (10/38)
Ethnicity (super group)	Asian or Asian British	68.75% (11/16)	81.82% (9/11)	60.00% (9/15)
	White	19.48% (15/77)	17.54% (10/57)	15.91% (7/44)
Ethnicity (White vs BME)	BME	58.33% (14/24)	70.59% (12/17)	55.00% (11/20)
	White	19.48% (15/77)	17.54% (10/57)	15.91% (7/44)
Ward name	Ashby	26.32% (5/19)	41.18% (7/17)	22.22% (4/18)
	Aston	20.69% (6/29)	23.08% (3/13)	-
	Beaumont	-	-	20.00% (2/10)
	Bosworth	8.33% (1/12)	20.00% (2/10)	35.71% (5/14)
	Heather	53.85% (7/13)	-	-
	Thornton	28.57% (4/14)	16.67% (2/12)	-

\* % calculated out of the total responding “yes” or “no”



**Table 3: Q9. Were you able to get the specific diet that you needed from the hospital?**

		% Yes, always / Yes, sometimes*		
		2015	2016	2017
LPT vs National	National	80.63% (179/222)	80.57% (170/211)	79.08% (242/306)
	LPT Overall	90.00% (27/30)	91.30% (21/23)	91.30% (21/23)
LPT Overall		90.00% (27/30)	91.30% (21/23)	91.30% (21/23)
Age Group	25-34	100.00% (R)	100.00% (R)	100.00% (R)
	35-44	85.71% (R)	100.00% (R)	100.00% (R)
	45-54	87.50% (R)	75.00% (R)	60.00% (R)
	55-64	87.50% (R)	85.71% (R)	100.00% (R)
Gender	Female	85.00% (17/20)	84.62% (11/13)	91.67% (11/12)
	Male	100.00% (10/10)	100.00% (10/10)	90.91% (10/11)
Ethnicity (super group)	Asian or Asian British	83.33% (10/12)	80.00% (8/10)	88.89% (R)
	White	93.33% (14/15)	100.00% (10/10)	87.50% (R)
Ethnicity (White vs BME)	BME	86.67% (13/15)	84.62% (11/13)	90.91% (10/11)
	White	93.33% (14/15)	100.00% (10/10)	87.50% (R)
Ward name	Ashby	83.33% (R)	87.50% (R)	100.00% (R)
	Aston	100.00% (R)	66.67% (R)	-
	Beaumont	-	-	100.00% (R)
	Bosworth	100.00% (R)	100.00% (R)	80.00% (R)
	Heather	87.50% (R)	-	-
	Thornton	100.00% (R)	100.00% (R)	-

\* % calculated out of the total responding "Yes, always" "Yes, sometimes" or "No, never"  
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## Provision of talking therapy

- Compared to the national benchmark, in 2017 LPT's service users were similarly likely to report having had talking therapy (27% nationally vs 23% at LPT, Table 4); with equitable provision by age, ethnicity, and gender (Table 4) and with similar levels of demand compared to the national benchmark (54% nationally vs 46% at LPT, Table 5). This represents an improvement on the position seen in 2015 when the provision of talking therapies at LPT was lower than the national benchmark (Table 4) despite similar levels of demand compared to the national benchmark (Table 5).

**Table 4: Q29. During your stay in hospital, did you have talking therapy?**

		% Yes*		
		2015	2016	2017
LPT vs National	National	28.21% (319/1131)	31.61% (318/1006)	27.01% (329/1218)
	LPT Overall	12.50% (13/104)	32.00% (24/75)	23.38% (18/77)
LPT Overall		12.50% (13/104)	32.00% (24/75)	23.38% (18/77)
Age Group	25-34	23.08% (3/13)	36.36% (4/11)	8.33% (1/12)
	35-44	14.81% (4/27)	15.79% (3/19)	41.67% (5/12)
	45-54	6.45% (2/31)	47.37% (9/19)	30.77% (8/26)
	55-64	7.69% (2/26)	33.33% (7/21)	16.67% (3/18)
Gender	Female	13.11% (8/61)	43.24% (16/37)	21.95% (9/41)
	Male	11.63% (5/43)	21.05% (8/38)	25.00% (9/36)
Ethnicity (super group)	Asian or Asian British	29.41% (5/17)	41.67% (5/12)	14.29% (2/14)
	White	7.69% (6/78)	28.57% (16/56)	25.58% (11/43)
Ethnicity (White vs BME)	BME	28.00% (7/25)	38.89% (7/18)	26.32% (5/19)
	White	7.69% (6/78)	28.57% (16/56)	25.58% (11/43)
Ward name	Ashby	5.56% (1/18)	26.32% (5/19)	22.22% (4/18)
	Aston	12.50% (4/32)	41.67% (5/12)	-
	Beaumont	-	-	16.67% (2/12)
	Bosworth	23.08% (3/13)	30.00% (3/10)	30.77% (4/13)
	Heather	15.38% (2/13)	-	-
	Thornton	0.00% (0/13)	8.33% (1/12)	-

\* % calculated out of the total responding "yes" or "no"

Table 5: Q28. During your stay in hospital, did you ever want talking therapy?

		% Yes*		
		2015	2016	2017
LPT vs National	National	49.74% (565/1136)	55.50% (560/1009)	54.29% (665/1225)
	LPT Overall	43.93% (47/107)	48.68% (37/76)	46.15% (36/78)
LPT Overall		43.93% (47/107)	48.68% (37/76)	46.15% (36/78)
Age Group	25-34	38.46% (5/13)	66.67% (8/12)	45.45% (5/11)
	35-44	44.83% (13/29)	47.37% (9/19)	83.33% (10/12)
	45-54	35.48% (11/31)	60.00% (12/20)	37.04% (10/27)
	55-64	48.15% (13/27)	35.00% (7/20)	36.84% (7/19)
Gender	Female	53.85% (35/65)	66.67% (26/39)	51.22% (21/41)
	Male	28.57% (12/42)	29.73% (11/37)	40.54% (15/37)
Ethnicity (super group)	Asian or Asian British	56.25% (9/16)	50.00% (6/12)	57.14% (8/14)
	White	43.9% (36/82)	49.12% (28/57)	52.27% (23/44)
Ethnicity (White vs BME)	BME	45.83% (11/24)	44.44% (8/18)	52.63% (10/19)
	White	43.90% (36/82)	49.12% (28/57)	52.27% (23/44)
Ward name	Ashby	50.00% (10/20)	42.11% (8/19)	44.44% (8/18)
	Aston	31.25% (10/32)	58.33% (7/12)	-
	Beaumont	-	-	66.67% (8/12)
	Bosworth	38.46% (5/13)	60.00% (6/10)	21.43% (3/14)
	Heather	60.00% (9/15)	-	-
	Thornton	33.33% (4/12)	0.00% (0/12)	-

\* % calculated out of the total responding "yes" or "no"

## Detention under the Mental Health Act

- Compared to the national benchmark, LPT's service users were similarly likely to report having been detained under the Mental Health Act (60% nationally vs 51% at LPT, Table 6); with similar levels of detention under the Mental Health Act reported by age, ethnicity, and gender.

**Table 6: Q35. At any time during your most recent admission were you detained (sectioned) under the Mental Health Act?**

		2015	% Yes* 2016	2017
LPT vs National	National	59.04% (624/1057)	54.90% (532/969)	60.10% (699/1163)
	LPT Overall	35.42% (34/96)	60.56% (43/71)	51.32% (39/76)
LPT Overall		35.42% (34/96)	60.56% (43/71)	51.32% (39/76)
Age Group	25-34	58.33% (7/12)	66.67% (R)	53.85% (7/13)
	35-44	32.00% (8/25)	52.63% (10/19)	45.45% (5/11)
	45-54	34.48% (10/29)	77.78% (14/18)	60.00% (15/25)
	55-64	29.17% (7/24)	40.00% (8/20)	40.00% (8/20)
Gender	Female	33.33% (19/57)	54.05% (20/37)	48.72% (19/39)
	Male	38.46% (15/39)	67.65% (23/34)	54.05% (20/37)
Ethnicity (super group)	Asian or Asian British	60.00% (9/15)	77.78% (R)	61.54% (8/13)
	White	30.14% (22/73)	56.36% (31/55)	45.24% (19/42)
Ethnicity (White vs BME)	BME	54.55% (12/22)	80.00% (12/15)	61.11% (11/18)
	White	30.14% (22/73)	56.36% (31/55)	45.24% (19/42)
Ward name	Ashby	33.33% (6/18)	68.75% (11/16)	50.00% (8/16)
	Aston	10.71% (3/28)	33.33% (4/12)	-
	Beaumont	-	-	27.27% (3/11)
	Bosworth	50.00% (5/10)	50.00% (5/10)	61.54% (8/13)
	Heather	46.15% (6/13)	-	-
	Thornton	53.85% (7/13)	75.00% (9/12)	-

\* % calculated out of the total responding "yes" or "no"

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## Out of hours contact telephone number

- Compared to the national benchmark, in 2017 LPT's service users were similarly likely to report having the number of someone from their local NHS mental health service that they could phone out of office hours (70% nationally vs 67% at LPT, Table 7); knowledge of this out of hours number was equitable by age, ethnicity, and gender. This represents an improvement on the position seen in 2015 when LPT's service users were less likely to report having the number of someone from their local NHS mental health service that they could phone out of office hours (72% nationally vs 57% at LPT, Table 7).

**Table 7: Q43. Do you have the number of someone from your local NHS mental health service that you can phone out of office hours?**

		% Yes*		
		2015	2016	2017
LPT vs National	National	72.66% (768/1057)	72.55% (674/929)	70.16% (804/1146)
	LPT Overall	56.84% (54/95)	64.18% (43/67)	67.14% (47/70)
LPT Overall		56.84% (54/95)	64.18% (43/67)	67.14% (47/70)
Age Group	25-34	50.00% (5/10)	60.00% (6/10)	75.00% (9/12)
	35-44	51.72% (15/29)	73.33% (11/15)	75.00% (9/12)
	45-54	60.71% (17/28)	57.89% (11/19)	70.83% (17/24)
	55-64	54.55% (12/22)	61.11% (11/18)	53.33% (8/15)
Gender	Female	56.36% (31/55)	66.67% (24/36)	68.42% (26/38)
	Male	57.50% (23/40)	61.29% (19/31)	65.63% (21/32)
Ethnicity (super group)	Asian or Asian British	66.67% (10/15)	90.00% (9/10)	50.00% (6/12)
	White	56.94% (41/72)	62.00% (31/50)	78.57% (33/42)
Ethnicity (White vs BME)	BME	54.55% (12/22)	75.00% (12/16)	53.33% (8/15)
	White	56.94% (41/72)	62.00% (31/50)	78.57% (33/42)
Ward name	Ashby	64.71% (11/17)	47.06% (8/17)	73.33% (11/15)
	Aston	37.93% (11/29)	63.64% (7/11)	-
	Beaumont	-	-	83.33% (10/12)
	Bosworth	75.00% (9/12)	60.00% (6/10)	72.73% (8/11)
	Heather	58.33% (7/12)	-	-
	Thornton	66.67% (8/12)	90.00% (9/10)	-

\* % calculated out of the total responding "yes" or "no"

## Contact with the hospital since leaving

- Compared to the national benchmark, in 2017 LPT's service users were similarly likely to report having been contacted by a member of the mental health team since leaving hospital (82% nationally vs 75% at LPT, Table 8); contact was equitable by age, ethnicity, and gender. The percentage of service users reporting that they have been contacted by a member of the mental health team since leaving hospital has fluctuated across the years 2015, 2016, and 2017 (Table 8).

**Table 8: Q45. Have you been contacted by a member of the mental health team since you left hospital?**

		% Yes*		
		2015	2016	2017
LPT vs National	National	84.07% (934/1111)	82.09% (802/977)	81.91% (960/1172)
	LPT Overall	72.55% (74/102)	83.82% (57/68)	75.34% (55/73)
LPT Overall		72.55% (74/102)	83.82% (57/68)	75.34% (55/73)
Age Group	25-34	71.43% (10/14)	60.00% (6/10)	76.92% (10/13)
	35-44	65.38% (17/26)	89.47% (17/19)	91.67% (11/12)
	45-54	77.42% (24/31)	82.35% (14/17)	60.87% (14/23)
	55-64	75.00% (18/24)	88.24% (15/17)	76.47% (13/17)
Gender	Female	74.58% (44/59)	88.57% (31/35)	75.00% (27/36)
	Male	69.77% (30/43)	78.79% (26/33)	75.68% (28/37)
Ethnicity (super group)	Asian or Asian British	82.35% (14/17)	90.00% (9/10)	69.23% (9/13)
	White	70.13% (54/77)	84.31% (43/51)	72.50% (29/40)
Ethnicity (White vs BME)	BME	79.17% (19/24)	81.25% (13/16)	72.22% (13/18)
	White	70.13% (54/77)	84.31% (43/51)	72.50% (29/40)
Ward name	Ashby	89.47% (17/19)	82.35% (14/17)	75.00% (12/16)
	Aston	42.86% (12/28)	72.73% (8/11)	-
	Beaumont	-	-	83.33% (10/12)
	Bosworth	83.33% (10/12)	88.89% (R)	84.62% (11/13)
	Heather	84.62% (11/13)	-	-
	Thornton	85.71% (12/14)	81.82% (9/11)	-

\* % calculated out of the total responding "yes" or "no"

R - REDACTED

## Overall rating of the care received during the hospital stay

- Compared to the national benchmark, in 2017 LPT's service users were similarly likely to rate the care that they have received during their stay in hospital as excellent, very good, or good (69% nationally vs 79% at LPT, Table 9); ratings were equitable by age, ethnicity, and gender. LPT's service users' ratings of the care they received tracked above the national benchmark in 2015, 2016, and 2017.

Table 9: Overall, how would you rate the care you received during your recent stay in hospital?

		% Excellent, Very good or Good*		
		2015	2016	2017
LPT vs National	National	71.94% (823/1144)	71.13% (722/1015)	68.71% (830/1208)
	LPT Overall	75.23% (82/109)	77.03% (57/74)	78.95% (60/76)
LPT Overall		75.23% (82/109)	77.03% (57/74)	78.95% (60/76)
Age Group	25-34	85.71% (12/14)	72.73% (8/11)	75.00% (9/12)
	35-44	70.00% (21/30)	70.59% (12/17)	83.33% (10/12)
	45-54	65.63% (21/32)	70.00% (14/20)	76.00% (19/25)
	55-64	81.48% (22/27)	90.48% (19/21)	88.89% (16/18)
Gender	Female	76.19% (48/63)	67.57% (25/37)	72.50% (29/40)
	Male	73.91% (34/46)	86.49% (32/37)	86.11% (31/36)
Ethnicity (super group)	Asian or Asian British	88.89% (16/18)	100.00% (12/12)	71.43% (10/14)
	White	71.95% (59/82)	69.09% (38/55)	79.07% (34/43)
Ethnicity (White vs BME)	BME	84.62% (22/26)	100.00% (18/18)	78.95% (15/19)
	White	71.95% (59/82)	69.09% (38/55)	79.07% (34/43)
Ward name	Ashby	66.67% (14/21)	77.78% (14/18)	76.47% (13/17)
	Aston	81.25% (26/32)	76.92% (10/13)	-
	Beaumont	-	-	83.33% (10/12)
	Bosworth	76.92% (10/13)	55.56% (R)	69.23% (9/13)
	Heather	71.43% (10/14)	-	-
	Thornton	78.57% (11/14)	91.67% (11/12)	-
CCG	NHS East Leicestershire and Rutland CCG	55.17% (16/29)	73.68% (14/19)	76.19% (16/21)
	NHS Leicester City CCG	82.46% (47/57)	84.38% (27/32)	77.50% (31/40)
	NHS West Leicestershire CCG	86.36% (19/22)	68.18% (15/22)	85.71% (12/14)

\* % calculated out of the total responding "excellent" "very good" "good" "fair" or "poor"

R - REDACTED

## Appendix of analytical methods

### Excluded and included groups

Data available from the Care Quality Commission’s 2017 Mental Health Inpatient Survey were obtained through Quality Health’s reporting portal (Survey Online Analysis & Reporting - S.O.L.A.R.). These data were analysed against national and LPT-wide benchmarks as appropriate, in terms of ward and the available protected characteristic breakdowns: age group, gender, and ethnicity. Only statistically significant findings and findings that provide context are considered in the present report. 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, ethnicity, and ward breakdowns are given in Table 10, Table 11, and Table 12, and Table 13 respectively.

**Table 10: Excluded and included groups for the age group breakdown**

Excluded group (number in group)	Included group (number in group)
16-24 (R)	National (1260) My Organisation (82) 25-34 (13) 35-44 (12) 45-54 (27) 55-64 (21)

R - REDACTED

**Table 11: Excluded and included groups for the gender breakdown**

Excluded group (number in group)	Included group (number in group)
	National (1260) My Organisation (82) Female (43) Male (39)

**Table 12: Excluded and included groups for the ethnicity breakdown**

Excluded group (number in group)	Included group (number in group)
Black or Black British (R) Mixed (R) Other ethnic groups (R) Missing (16)	National (1260) My Organisation (82) Asian or Asian British (15) White (46)

R - REDACTED



**Table 13: Excluded and included groups for the ward breakdown**

Excluded group (number in group)	Included group (number in group)
Aston (R)	National (1260)
CAMHS Ward 3 - Inpatient Adolescent (R)	My Organisation (82)
Heather (R)	Ashby (18)
Kirby (R)	Beaumont (12)
Skye Wing - Stewart House (R)	Bosworth (14)
Thornton (10)	
Watermead (R)	









R - REDACTED

## Analyses

For comparisons between LPT's respondents and the national benchmark, respondents were grouped according to whether they gave a positive or negative response. The odds of giving a positive response were calculated for the national benchmark and for LPT overall, and were compared using an odds ratio. Statistically significant deviations from even odds of giving a positive response are flagged in the results tables ( $\alpha = .05$ ). Please refer to Table 14 for a key to the colour coding used in these tables of analysis.

For comparisons with the LPT overall benchmark, LPT's respondents were analysed into breakdown groups (e.g., by age band, gender or ward) and also grouped according to whether they gave a positive or negative response. The odds of giving a positive response were calculated for each breakdown group and compared to the odds of giving a positive response for those not in the breakdown group using an odds ratio. Statistically significant deviations from even odds of giving a positive response are flagged in the results tables ( $\alpha = .05$ , Bonferroni correction applied for multiple comparisons).

**Table 14: Key to interpreting tables of results**

	Reference benchmark (national benchmark or LPT overall)
	Significantly better than the reference benchmark (all those not in the subgroup), to a large degree
	Significantly better than the reference benchmark (all those not in the subgroup), to a medium degree
	Significantly better than the reference benchmark (all those not in the subgroup), to a small degree
	Not significantly different from the reference benchmark (all those not in the subgroup)
	Significantly worse than the reference benchmark (all those not in the subgroup), to a small degree
	Significantly worse than the reference benchmark (all those not in the subgroup), to a medium degree
	Significantly worse than the reference benchmark (all those not in the subgroup), to a large degree

(Essentially, greens indicate more positive outcomes and yellows/oranges/reds indicate more negative outcomes.)