



Activities provided for in-patients at the Caludon Centre

Recommendations for Service Managers

Recommendations for improvements to activities provided for in-patients
experiencing mental health issues

August 2011

Your views on Your care

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1 Introduction

Coventry Local Involvement Network or LINK is one of 151 LINKs in England set up by the government through the Local Government and Public Involvement in Health Act 2007. The role of a LINK is to enable local people to have greater influence on how local NHS and adult social care services are delivered and commissioned. Coventry LINK is an independent network of local people and local voluntary and community groups.

2 The issues

Investigating activities available to in-patients at the Caludon Centre was prioritised as a Coventry LINK work stream during the course of a work planning exercise. The issue was raised by a number of people who had been in-patients at the Caludon Centre via forum meetings at Coventry AIMHS (Actively Influencing Mental Health Services). It was felt that there are not enough activities available for in patients to undertake during their stay which was considered to have a negative impact on their journey to improve the state of their mental health.

Coventry LINK held a work planning day to draw up the provisional work programme for LINK for the period October 2010 to March 2011. The LINK Steering Group considered 50 work programme ideas gathered from feedback from local people and input from services. These were considered objectively using a decision making framework. The shortlist was open for consultation with service providers and commissioners.

3 Background Information

Amongst the services provided by Coventry and Warwickshire Partnership NHS Trust (CWPT) are a range of mental health services. These include in-patient facilities and a wide range of community services where care can be offered within a person's own home or in their community.

People with more severe mental health issues are supported through two in-patient facilities and all potential referrals are managed by the Crisis Resolution/Home Treatment Teams. Within the in-patient facilities CWPT have a PICU (Psychiatric Intensive Care Unit) ward as well as a female only ward. In-patient services are operated across two sites: St. Michaels Hospital in Warwickshire which has 2 acute wards and 1 PICU ward and the Caludon Centre in Coventry which has 4 acute wards, 1 PICU and a female only ward.

In-patients at the Caludon Centre had raised the issue about the lack of meaningful activity during their stay and service providers at the centre also recognised there has been an issue with in-patient inactivity. This issue was also highlighted in the

recent survey *Listening to Patients – Coventry and Warwickshire Partnership NHS Trust Mental Health In-patient Service User Survey 2010*. The tables below set out the results numerically, and in percentages and compares the previous year's results. There were two questions about activities and these are set out below with the results:

During your most recent stay, were there enough activities available for you to do during the day on weekdays?

	2009	%	2010	%
Yes all of the time	14	12%	30	22%
Yes some of the time	44	38%	48	35%
No	58	50%	60	43%

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

	2009	%	2010	%
Yes all of the time	9	8%	17	13%
Yes some of the time	31	26%	46	34%
No	77	66%	72	53%

It can be seen from the table above that improvements could be made to patient's experiences of meaningful activity during their stay at the Caludon Centre. Managers at the Centre have recognised this and talked to LINK's Mental Health Working Group about a new planned programme of activities designed for each ward with some physical activity incorporated into this.

The planned changes included the reorganisation of activity workers to become operational throughout all wards with the role of carrying out activities with patients, replacing the former practice of an individual activity worker being allocated to a ward on an on going basis. This was to address the issues of some wards not having an activity worker. This would mean more activities for the patients and an activity programme designed for each ward, including evenings and weekends. A new in-patient therapy co-ordinator was also recruited as well as the two occupational therapists returning from work in the community. Therefore a full set of activity workers working 9-5 and at weekends will be in place to put on a programme of activity.

Methodology

Coventry LINK has an established Mental Health Working Group of volunteers which are supported by a staff team member. The Mental Health Working Group wanted to work with the Caludon Centre to improve patient activity services as a 'critical friend'.

The Caludon Centre had already started implementing changes to improve services so LINK saw a role in working to support them. The management team at the

Caludon Centre were happy for LINK to come and conduct interviews with patients as way of finding out what activities they would like.

Working Group members carried out visits to the Caludon Centre and to Willow View day hospital in order to talk to patients, who were either experiencing care at the Caludon Centre or who had been recently discharged, about what activities they might like to do. A guided questionnaire was used to gather the feedback (see appendix 1).

LINK was supported in carrying out their investigation by the health care professionals involved with service delivery at the Caludon Centre and at Willow View Day Hospital and this was very helpful.

Coventry LINK has also reviewed the Royal College of Psychiatry's' Centre for Quality Improvement Standards for in-patients – working age adults¹.

4 Findings

LINK recognises that the Caludon Centre is already undertaking improvements in terms of its management and resourcing in relation to patient activities. LINK's findings are to further inform the work already underway.

21 people who were either in-patients or day hospital users at the time shared their views and experiences of available activities during their stay at the Caludon Centre. All participants had stayed at the Caludon Centre within the last three years and most had been in-patients very recently. Whilst this may not be a large sample group the information gathered was consistent and therefore LINK deems it fit for the purpose of making the basis for its recommendations.

LINK's sample did not include any people who have been in-patients at the Caludon Centre who described themselves as having learning disabilities.

Overall people said that they knew that some activities were available, but 4 people said that they did not know about available activities. Patients found information about what activities were available by different methods:

- Were informed by activity workers
- Noticed the arts and craft room
- Saw the notice board
- Some were not informed

Some comments were:

- *'Arts and crafts. A nurse told me times/events. Sometimes on board but no routine. Mostly everyday'*

¹ <http://www.rcpsych.ac.uk/crtu/centreforqualityimprovement/aims>

- *'We were supposed to be able to do some artwork but it never happened during the whole time I was there. The person was always too busy doing something else. There was a time when I wasn't even allowed a pencil without being supervised. Staff wouldn't supervise me and the activity worker wasn't available so I was not allowed to do even any writing'*
- *'Not initially, there was an art room we were allowed to go in, and I did some art while I was there but there wasn't much to do apart from that'*
- *'Saw the lady who did it so knew it was available'*

For those who were aware that there were activities available some found it frustrating as they could sometimes not attend due to having clinical appointments, sometimes activities did not go ahead as planned. Activities were not available during evenings and at weekends which are periods of time that are less interrupted with clinical sessions/seeing consultant etc. Evenings and weekends are times when people expressed a desire for having activities to help fill the time, which seemed to 'pass slowly'.

Some comments were:

- *'Frustrating – information not always posted on board. The room (art and craft room) was sign posted you could see equipment inside but room was kept lock and could only be used when woman there. Woman didn't always turn up even when booked'*
- *'There wasn't enough to do with your time while being there'.*

Overall people felt that activities were not regularly available and choice of activity was limited although 3 people said they thought the level of activity available suited their needs. Some people were not aware of the availability of reading material like newspapers and books.

Some comments were:

- *'Kindergarten stuff like school activities, not that challenging'*
- *'No not really much to do, just watching tv'*
- *'Got offered art and craft and football once'*
- *'Yes- happy with activities at the moment'*
- *'Given choice of watching telly or getting some fresh air'*

People involved in the survey were asked how having more/different activities would have benefitted them during their stay as a patient at the Caludon Centre some of their comments were:

- *'Not good therapeutically to sit around all day. Activity good for mental health- stimulation of brain, change to routine, (Becomes a rut) keeps patients here for longer. Lose drive to live. Helps with recovery'*
- *'Have a laugh. Meet other people. A lot happier'*
- *'Can relax- part of a group- better for me barrier with language. Open to other people'*
- *'Helping me getting better'*
- *'It would have helped with my mental health. My stay wouldn't have made me more ill than I was at admittance. Not having anything to do made me a lot worse. I was so desperately bored, I was thinking more and I became more suicidal'.*
- *'It would have distracted me from my illness and pill taking and got me out of myself'*

Many of the people who shared their views said they would have benefitted from more social and physical activities like:

- Quizzes
- Snooker
- Gentle exercise
- Group Walks
- Relaxation Groups
- Yoga
- Weekend communal meals
- Table Tennis
- Cards
- Gardening
- Organized exercise groups
- Table Football
- Card making

Some comments shared were:

- *Relaxation room- alternative therapies like yoga. More physical activities. Fun stuff- a walk more outdoor stuff- big back garden- chess, football. More arts and crafts. A quiz.*
- *'Gardening; discussion group'*
- *'Not at all enough. Weekends would be good. Activities a.m. afternoon and p.m.'*
- *'It'd be nice to have a drink when I wanted one'*

- *'Football table, snooker table etc'*
- *'Table tennis, gardening'*
- *'Art room was only open when a member of staff was available which was 2 days per week, this wasn't enough for me. I would have liked gardening, something outdoors'*
- *'Art, quizzes, interacting, role playing'*
- *'Have the chance and opportunity to talk to other patients could be good and/or other people and people who have been there before me'.*

5. Our conclusions

Based on the information gathered LINK considers that activities offered at the Caludon Centre are:

5.1 **Being provided but inconsistent in the way that activities are offered to people**

This is because people found out about activities on offer in different ways.

5.2 **Inconsistent in times of delivery**

Whilst LINK recognises that by nature of the needs of some patients that crises will happen at Caludon Centre and management of this is of paramount importance, plans should be in place to wherever possible ensure continuity of activities as this is very important to patients. Patients feel frustrated if they are unable to carry out an activity that they were looking forward to.

5.3 **Delivery of activities is limited to daytime and weekdays**

Whilst activities delivered during these times are of benefit, some patients cannot access them regularly due to having clinical appointments. Some patients find evenings and weekends more difficult periods of time in terms of time passing slowly and feeling more alone.

5.4 **Breadth of activities**

Our findings show that patients have a broad perception of what constitutes an activity. This extends to access to drinks and outside space, and group psychological therapies.

5.5 **Greater choice of available activities for many patients**

It was clear from findings that majority of people found the choice of available activities very limited and not suited to their needs. We have identified some clear suggestions for different activities.

5.6 **Standards**

LINK has considered the Royal College of Psychiatry's' Centre for Quality Improvement Standards for in-patients – working age adults in making the following recommendations. The standards that have been considered are as set out in Appendix 2.

6 Recommendations

From our investigation of recent availability of activities LINK has identified specific recommendations for the future delivery and management of activities at the Caludon Centre. Our recommendations have been developed using the Royal College of Psychiatry's' Centre for Quality Improvement Standards for in-patients – working age adults². They are based on Standard level 2 which is described as 'standards that an accredited ward would be expected to meet'.

1. Greater provision of information

1.1 LINK recommends that methods of providing information to patients about activities are further developed to ensure where reasonably practicable that there is equality of access to information about activities to all in patients to support them to make an informed choice to, or not to participate. It is recommended that information is shared in a variety of ways and at various points of an individual's stay in recognition of their varying mental health issues:

- a) On admission an 'Activities Information sheet' should be made available to each and every person which they can keep for the duration of their stay, in a format which is accessible to them in line with local policy, as it is difficult to provide written material in all required languages, where this is impractical it is recommended that simple plain English is used with the support of appropriate graphics.
- b) An Activity timetable should be available on all ward notice boards which is updated and amended regularly as required, which should be pointed out to in-patients at regular intervals during their stay.
- c) As meaningful occupation and social interaction are very important aspects of the recovery process it is recommended that all activities are also highlighted at Community Forum meetings (internal meetings held with patients for which part of the meeting is facilitated by an external organisation, AIMHs (Actively Influencing Mental Health Services)).

2. Greater availability of beverages

The on site canteen should be accessible to patients where is reasonably practical during the entirety of the opening hours of the canteen for in-patients to purchase beverages. When it is impractical for patients to visit the canteen provision should be available in the hospital setting for patients (after risk assessment has been implemented) to make their own beverages and not be solely dependent on the drinks trolley as often this can be missed due to self isolating and sleeping patterns.

² <http://www.rcpsych.ac.uk/crtu/centreforqualityimprovement/aims>

3. More access to exercise

- 3.1 From findings some people said that they felt uncomfortable and therefore unable to use interactive games consoles for exercise as they did not feel it was in a suitable place. Exercise equipment provided for patients to use including exercise DVDs and interactive games consoles used for exercise related activity should be available in a gender specific setting (where requested); in an environment fit for purpose which has been designated for that activity.
- 3.2 Gym: a room should be allocated purely for the purpose of exercising. As a minimum, basic gym equipment should be provided as it is recognized that this can make a very important contribution to the improvement of mental well being. This room should have a range of equipment e.g. Fitness ball, a range of smaller free weights associated with increasing fitness, exercise bench, exercise bike and treadmill. The gym should be available to all patients and also should be available for gender specific sessions.

4. Improved facilities:

4.1 Library facilities

It is recommended that the Caludon Centre should explore options available externally with the Coventry Library and Information Service to provide a library service at the Caludon Centre as this would create a better selection of available books. All efforts from the Caludon Centre should be made to engage with Coventry Library and Information Service to identify ways to extend this public service to patients at the Caludon Centre. If this presents unreasonable obstacles for Coventry Library Service it is recommended that a portable library service is introduced at the Caludon Centre and a better selection of books sourced (this could be easily achieved through charitable donation) to ensure that patients have equal access to books, this service could be resourced through volunteers . This service should be offered on all wards as a minimum 3 times weekly.

4.2 Music room

This room should be specifically designated to the purpose of the enjoyment of music. As a minimum it should have a communal radio where patients can spend uninterrupted time.

4.3 Multi faith prayer/worship room

This room should be accessible to all patients at times in keeping with their faith needs who wish to pray/worship/quietly contemplate. The availability of this room should be publicised in accessible ways including highlighting it on all ward notice boards and should be mentioned on any information provided about available activities

5. More organised activities should be available:

LINK recommends that a variety of age, gender and culturally sensitive organised activities should be available to patients 7 days a week, with some being offered in the evening to include:

- a) Arts and craft based activities: a range of these activities should be available 7 days a week and be offered on at least one evening when no other activity is offered
- b) Gardening Project: it is recommended that a gardening project is launched and developed; it is also recommended that an appropriate external local organisation is engaged with to develop this and make it sustainable.
- c) Physical activities: it is recommended that a range of physical activities are developed which are age, gender, ability and culturally sensitive. A range of these activities should be available 7 days a week and be offered on at least one evening when no other activity is offered
- d) Armchair aerobics should be made a regular activity as this is a way that people can join in a group physical activity which will be as inclusive as possible and not overly challenge people's levels of fitness. This should not be the only supervised exercise available during the week.
- e) Social Activities: a weekly social evening event should be introduced on all wards (where appropriate) where by people can share relaxed, informal uninterrupted time with one another. A suggested event could be a Pizza evening where by people contribute to the cost of a pizza delivery and participate in a shared meal.

5.2 Activities should be protected

5.3 All activities that are provided should be protected (contingency should be considered to cover eventualities such as staff absence and ward disruption) and should also be uninterrupted.

5.4 As a minimum, patients, between core times of Monday to Friday 10.00am – 4.00 pm should have access to therapy materials/equipment when requested and in all situations upon discharge patients should be offered any complete or incomplete arts/crafts work that they have undertaken to take home with them.

6. Activity Equipment

6.1 Good quality magazines, daily newspapers (not removed from wards until at least the evening of the following day of the date on the newspaper), board games and sets of playing cards available on all wards and that the whereabouts of these are made known to patients.

- 6.2 Portable radios and MP3 players should be made available for in-patients to use, for which headphones should be offered for purchase to patients, these can be sourced at very reasonable prices. By doing this patients are supported to develop, maintain their interest in music and/or radio shows which they may have held a previous interest in.
- 6.3 A computer with internet access should be accessible on all wards with an effective booking system so that patients have equal access if they choose to use a computer.

7. Better access to outside space

- 7.1 Access to fresh air is highly important to many people. It is recommended in line with Royal College of Psychiatry's standards that wards have direct access to outside space which is safe and has seating available for relaxation. It is acknowledged that smokers have a need to access outside space in order to smoke, this is due to current legislation; however it is also recognised that non smokers may be overlooked as it may be more likely that a smoker is more demonstrative about their need. In order to equally accommodate the needs of smokers and non smokers it is recommended that one of the two garden areas at Caludon Centre is designated as non smoking, this will allow non smokers to enjoy fresh air without having to pass through an external smoking area (typically this is inclined to be around an entrance area, particularly in less clement weather) and therefore impede a patient from accessing the outside space without being exposed to smoke.
- 7.2 For people who express choice or feel the need to smoke, opportunities to smoke should not be restricted to day and evening as this will only encourage patients who describe themselves as having a smoking dependency to breach rules and smoke within the hospital which can potentially increase anxiety levels for patients. LINK recommends that patients should have the opportunity to access outside space to smoke in line with procedures that exist for smoking during the daytime.
- 7.3 LINK is concerned that people who are on 1st floor wards do not have direct access to outside space and therefore recommends that a plan is implemented by Service Managers at Caludon Centre which enables patients who reside on 1st floor wards to access outside space for fresh air/to smoke on a regular basis if they so wish.

8. Provision of therapies and activities

- 8.1 From findings some patients perceive talking therapies as activities and valued it as such. It is recommended that in addition to any 'one to one' counselling sessions that may already be provided that all patients have access to at least 1 other group talking activity that encourages active listening and problem solving, consideration should be given to age, gender and culture and any language barriers that exist.

- 8.2 LINK recommend that Service Managers implement a standardised monitoring and review process with both patients and staff for all wards to ensure the quality of the ongoing delivery of the Hospital's activities which should include group talking therapies. The implemented system should monitor and review the frequency, regularity and diversity of all activities.
- 8.3 LINK recognises that resourcing can present challenges and therefore recommends that Service Managers identify external voluntary agencies for partnership working that can support and further expand the activities that are provided at the Caludon centre.

9. Reviewing standards

It is recommended that CWPT revisits the Royal College of Psychiatry's' Centre for Quality Improvement Standards for in-patients – working age adults to review its compliance with all of the standards relating to activities.

7 Acknowledgements

Coventry LINK would like to extend gratitude to the patients of the Caludon Centre and Willow View Day Hospital who gave their time to share their thoughts of their own experiences. Thanks also to the staff that made these visits possible.

Coventry LINK appreciates and has valued the input from professionals within Coventry and Warwickshire Partnership Trust on this project.

And finally, a very big thank you to the Mental Health Working Group who have given their time and commitment in such a generous way.

8 Response from Coventry and Warwickshire Partnership Trust

This section is a written response from Coventry and Warwickshire Partnership Trust (CWPT). LINK held a meeting on Tuesday 11th October attended by Roger Hudson, Sheila Marston, Jill Hinde and Clair Roberts. Invited from CWPT was Terry Twomey, Operational Manager Acute Inpatient, Day Treatment and Crisis home treatment service. The meeting was to discuss the recommendations put forward from Coventry LINKs report and actions taken so far. This section also contains comments and notes from this meeting which have been highlighted in boxes.

Recommendations for Service Managers. Adult Mental Health Update Action Plan

Coventry Local Information Network or LINK produced a report with recommendations for Service Managers re improvements to activities provided for inpatients experience in mental health issues for adults at the Caludon Centre, Coventry.

Terry Twomey – Operational Manager for Adult Inpatient Services across Coventry and Warwickshire alongside Service Managers considered the findings in the report dated August 2011. At the review meeting the service considered the reports conclusions and recommendations and have identified and taken forward the following actions:

1. **(Relates to Section 5 at Conclusions 5.1 to 5.6) Issue – inconsistent in way activities are offered to people day time, weekend activities.**
 - The service has reviewed the activity programme co-ordinated by the Activity Workers across all five adult admission wards based at Caludon Centre.
 - Recommendations to be taken forward via the Caludon Centre Acute Forum by the sub group implemented to review the planned activity programme at Caludon.
 - Review patient information boards for each ward to ensure they carry the same information and any changes to the activity programme to be highlighted on the patient information notice board.

Members of Coventry LINK's Mental Health Working Group thought that it would be important to make it seem more appealing, not just to use text but also pictures.

- Set up Patient Activities Review Group with suggested membership – Occupational Therapy Lead, Ward Manager, patient representative supported by AIMHS, Modern Matron, Operational Manager, representative from Activity Workers. Date of first meeting planned.
- Review the delivery of activities during daytimes and weekends. Agree process for updating activity weekly programme as per patients notice board per ward. This to be co-ordinated by Activity Workers supported by Ward Managers.

**2. (Action refers to Section 6 under Recommendations point 1)
Greater provision of Information.**

Following the review meeting it was agreed to take forward the suggestion of an enhanced information folder for each patient's bedroom and to be available on admission. This folder will include Information booklet, information about dietary needs and a copy of the current activity programme available on that ward, making note that any changes will be highlighted on the main patient notice board.

Members of Coventry LINK's Mental Health Working Group asked if the booklet could be placed on the patient's bed in clear view and this was agreed.

- Ward Community Forum Meetings/Ward Community Meetings to ensure that activity programmes are highlighted at both forums.

**3. (Relates to Section 6 part 2)
Greater availability of Beverages.**

This item to be referred to the recognised Food Group, which is co-ordinated by the Modern Matron, representatives from Facilities and patients via AIMHS. All staff to ensure that patient's dietary and fluid intake needs are monitored with the provision of beverages within ward areas is reviewed.

- Review information available re beverage times and notice boards.

Members of Coventry LINK's Mental Health Working Group asked to have more information about beverages in the information pack which the patient receives when they first arrive and this was agreed.

- Through Estates/facilities review the option of Beverage Vending Machine for each ward.

Members of Coventry LINK's Mental Health Working Group asked if it can be ensured that display boards have the information about the timings of the availability of hot beverages. This was agreed.

**4. (Relates to Section 6 Part 3.1 – 3.2)
More access to Exercise**

As part of the activity programme to review available equipment within each area such as DVDs, interactive game consoles, use of exercise related activity.

- Review the use of individual ward's courtyards.
- Confirm within the activity programme recognised exercise type activity. Review gender specific exercise group.

Members of Coventry LINK's Mental Health Working group asked if it would be possible to have a timetable up and for 1 hour it be women only and then 1 hour for men only. CWPT agreed to look at this possibility further.

**5. (Relates to Section 6. Part 4.1 – 4.3)
Improve Facilities**

The Caludon Centre has established library facilities. However the opening times and possible use of library trolley to go round the wards at set times would be advantageous. To consider the use of volunteers on a planned basis to assist in the opening of the library at set times and distribution of library books to the wards.

- Contact made with Coventry Library Service re spare trolley.

Point of Note: the books in the library are all donations from Patients, staff and visitors with the idea that if someone wishes to read a book and take home that is acceptable.

- Multi Faith Prayer Workshop Worship Room – service will review accessibility to all patients at times in keeping with their faith needs, wish to pray/worship/quietly contemplate. All User notice boards should state opening times.

**6. (Relates to Section 6. Part 5 – 5.4)
More Organised Activities should be available.**

The planned review of activities across the five wards to take particular note of some of the suggestions noted in Section 5. Our service review of activity

programme clearly highlights arts and craft based activities/gardening project/physical activities as areas suggested from service users.

CWPT confirmed that three new activity workers have been recruited (bringing the total to 6) to support the activities.

- Activities should be protected. The Modern Matron with Ward Managers alongside Activity Workers during the review of the activity programme, will consider where possible that activities should be protected with minimal interruptions.
- Informal evenings, such as Halloween, Valentine's Day events to be planned as evening events.
- Information to be displayed via ward notice boards.

CWPT stated that as far as they are aware there isn't an issue with patients being able to take home any complete or incomplete arts/crafts.

7. (Relates to Section 6. Part 6) Activity Equipment

Following recent review of activity equipment across the five wards, service managers via the Acute Care Forum to draw up a list of activity equipment that should be available on each ward with a monthly check list to confirm its available and in good order, i.e. table tennis equipment/playing cards/Wii consoles/board games such as draughts, chess, Monopoly, radios, television in working order.

Members of Coventry LINK's Mental Health Working Group suggested that Activity workers should also engage patients in letting them know if equipment is damaged, pieces missing etc. This was agreed.

- Newspapers to be left out in ward area.

Update point 6.3. Computer with Internet access.

This is an issue that has been raised over a number of years with the Trust taking forward with our IT Department with current development and pilots organised at St. Michael's and Woodleigh Beeches.

8. (Relates to Section 6. Part 7) Better Access to Outside Space

- All our wards have access to recognised garden/courtyard area with the Trust's Estates to review smoke shelter provision for each area and to review the availability of non smoking garden area or identify within the main garden non smoking areas.
- For all wards to reflect re non smokers having recognised access to outside space.

- Access to outside space for patients on first floor. All patients on first floor have direct access to outside space on the ground floor main corridor at Caludon. All patients that are informal have free access. Clients who are restricted i.e. on a Section may have to be escorted on a planned basis as per Clinical Care Plan.

**9. (Relates to Section 6. Part 8).
Provision of Therapies and Activities**

As part of the overall review of activity programme to review the type and style of some of the activities. Ensure age gender issues and ethnic issues considered with support from Occupational Therapist Lead for Adult Services, to consider developing planned groups to look at pre-discharge, mental health awareness.

- 8.2. Pilot Audit of Activities conducted. Information gathered has shaped current programmes. Future Audits to be considered with findings reported to Acute Care Forum.
- 8.3. Service managers welcomed the opportunity to discuss further with colleagues the use of external voluntary agencies for partnership working to extend activities that are provided at the Caludon Centre. Ongoing discussions with AIMHS.
- Explore volunteer provision. Ongoing discussion.
- The above comments and actions have been discussed at Service Development Meetings across Caludon and St. Michael's Warwick. Actions to be shared at the two Acute Forums – one based at Caludon Centre and one based at St. Michael's, with update on progress highlighted.
- To ensure feedback to all ward area, patients and staff. Develop a bi-monthly news letter.
- When the actions have been agreed, dates for completion to be agreed and confirmed. Terry Twomey to add and share with Link and Acute Forums and Ward Managers.
- Activities update to be a standard item of the bi monthly Acute Forums.
- Agree process of feedback to LINK – agreed to meet in 8-10 weeks.
- The Operational Manager, Modern Matron and Ward Managers would like to thank you for your comments and suggested recommendations. I would hope you feel we have considered them alongside suggested actions.



Terry Twomey
Operational Manager
5th October 2011

Appendix 1



Patient Questionnaire

Questions to ask patients (current or previous) about activities at the Caludon Centre

Previous Patients

Have you ever been an in-patient at the Caludon Centre?

If so, when was this?

Current and previous patients

Do/did you know whether there is/were any activities available?

How do/ did you find out about these activities?

Are/ were there enough activities for you to do during the day?

If not, what types of activity would you like/ have liked to take part in?

How do you feel you would benefit/ have benefitted from taking part in an activity

PTO

Any other comments?

Equal opportunities monitoring information

Please indicate your age

Under 16
16-24

25-34
35-44

45-54
55-64

65-74
74+

Are you?

White

British

Irish

Traveller/Romany

Eastern European

Other White (please say)

Mixed

White and Black Caribbean

White and Black African

White and Asian

Other Mixed (please say)

Asian or Asian British

Indian

Pakistani

Bangladeshi

Other Asian (please say)

Black or Black British

Caribbean

African

Other Black (please say)

Chinese or other ethnic group

Chinese

Other ethnic group (Please say)

Disability

Do you consider yourself to be disabled?

Yes

No

Gender

Male

Female

Transgender

Appendix 2: Extracted standards from the Royal College of Psychiatry's' Centre for Quality Improvement

These are all standards of level 2 which are described as being 'Standards that an accredited ward would be expected to meet'.

Dignity

29.10

It is recommended that patients have access to the following within or near to the ward/hospital site:

- Gym
- Library facilities
- Music room
- Computer room
- Multi faith prayer/worship room
- Bank facilities
- Canteen
- Basic shop

Provision of information

31.4

Information is up to date and regularly supplied to all relevant service areas in sufficient quantity.

Activity Equipment

32.1

All patients can access a range of current culturally specific resources for entertainment that includes the following:

- Good quality magazines
- Daily newspapers
- Board games
- Cards
- A TV and VCR/ DVD with videos/ DVDs
- Computers and internet access

Outside Space

33.1

The ward has direct access to outside space for exercise and access to fresh air, which is safe and has seating available for relaxation and an area where patients and visitors can converse privately

37.1

Healthcare assistants Occupational support workers, volunteers and activity workers are involved in facilitating a broad range of therapeutic/leisure activities.

Provision of therapies and activities

38.3

Systems are in place to regularly review with patients and staff the quality and provision of social activities.

38.4

The frequency, regularity and diversity of activities are monitored.

38.5

All patients are offered specific psychosocial interventions appropriate to their presenting needs and in accordance with national standards (i.e. NICE).

38.9

Activities are provided on a daily basis.

38.10

Activities are provided at weekends.

38.11

Activities are provided during evenings.

38.12

Gender sensitive groups are provided.

38.13

From Monday to Friday 9.00am – 5.00pm patients have access to therapy material/equipment when requested.

39.1

Group activities are protected and not interrupted.

39.5

Patients are able to access regular group meetings that have a psycho educational focus.

External therapies and activities

40.1

Patients are able to leave the ward to attend activities elsewhere in the building and, with appropriate supports and escorts to access usable outdoor space everyday.

M40.3

Patients have access to weekly inreach/outreach centres promoting recovery and social inclusion.

Appendix 3 Equalities information gathered from respondents

Ethnicity	No.
White British	7
Eastern European	1
No answer	13
TOTAL	21

Age	No.
16-24	2
25-34	3
35-44	1
65-74	1
45-54	1
No answer	13
TOTAL	21

Gender	No.
Male	2
Female	5
Transgender	1
No answer	13
Total	21

Coventry LINK is an independent network supported by the charity Voluntary Action Coventry, which acts as the Host organisation.



Coventry LINK is one of 151 LINKs in England.



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