

**National Collaborative Commissioning Unit  
& Royal College of Psychiatrists Wales  
Severe & Enduring Mental Illness**

**Dyfodol Programme**

# **Enabling Environments Spotlight Report**

**Adult Community Mental Health Teams**

**February 2024**



**GIG  
CYMRU  
NHS  
WALES**

Uned Gomisiynu  
Cydweithredol Cenedlaethol  
National Collaborative  
Commissioning Unit

# About this Spotlight Report

## Overview

This Spotlight Report was commissioned, in February 2023, by the Welsh Government as part of the Dyfodol Programme and in collaboration with Health Boards. The Joint National Collaborative Commissioning Unit & Royal College of Psychiatrists Wales Dyfodol Programme supports the enhancement of secondary care mental health services and delivery of optimal care for those people in Wales with serious and enduring mental illness. The Dyfodol Programme provides Health Boards with Spotlight Reports to enable them to design and deliver effective and efficient services, whilst reducing inequities and variation. It also enables the Welsh Government and national partners to acquire valuable insights in order to plan and commission effectively. The Dyfodol Programme 'Enabling Environments' workstream ensures that the state and organisation of the spaces in which we care for people, and in which our staff work, are viewed as an important aspect of care.

## Authors

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## Data

The information within this Spotlight Report relates to information supplied from Community Mental Health Team (CMHT) staff and gathered from CMHT office site visits undertaken between January 2023 and June 2023. This data has been verified by each Health Board prior to publication. Note that some percentages may not total 100 due to rounding. Note that not all responders to the staff or service user surveys answered all questions, therefore the sections which detail these responses include the percentiles and the number of responses to each specific question.

## Acknowledgements

Special note should be made of the contribution of David Huw O'Neill, NCCU, who undertook all site visits.

With special thanks to:

- All the service users who participated in the survey.
- Community staff for their time and support during the site visits and for participating in the survey.
- All the Third Sector partners who distributed the service user survey, especially Wales Alliance for Mental Health, Mind Cymru and West Wales Action for Mental Health.
- Health Board Mental Health Directors/Heads of Service for their unwavering support and drive to undertake this Spotlight Report.
- Staff at the National Collaborative Commissioning Unit and Royal College of Psychiatrists Wales supporting the Dyfodol Programme.
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## Part A

### Background

Part A includes:

- Exploring the background to this Spotlight Report
- The role and importance of adult community mental health teams
- The importance of an enabling environment
- The methodology supporting the Spotlight Report
- An overview of adult community mental health teams in Wales.

## 1. Background to this Spotlight Report

When the UK National Health Service was founded, mental health care was usually provided in hospitals but, from the 1950s onwards, there were calls for more care and treatment to be delivered within the communities that people lived. It became evident that admission to hospital can separate people from everyday life, from their usual routines, and from their family, friends and support networks. An admission into hospital could also sometimes mean losing a job or benefits, a place to live, and skills for daily living. Due to these issues, services began to transition to community-based care, demonstrated by the fact that, across the UK, in 1955, there were circa 150,000 mental health hospital beds, dropping 2/3rds by 2000 to 54,117 and then halving again to 22,475 by 2020, a total of an 85% decrease in 65 years.

Community services remain at the forefront of contemporary mental healthcare, and the lack of accessible, safe, purposely designed and well equipped facilities will be a limiting factor to its effectiveness, expansion and modernisation.

In 2019, Healthcare Inspectorate Wales and Care Inspectorate Wales undertook a Joint Thematic Review of Community Mental Health Teams (CMHTs) in Wales. This thematic review found that the working environments within most CMHTs required improvement, with some clinical areas 'not fit for purpose'. The thematic review found that, whilst staff were attempting to work 'effectively', their working environment did not always facilitate this. The thematic review concluded that significant work was required from Health Boards to improve the provision and maintenance of safe and clinically appropriate facilities for service users and staff.

In 2022, Welsh Government commissioned, as part of the Joint National Collaborative Commissioning Unit & Royal College of Psychiatrists Wales Dyfodol Programme, a Spotlight Report on all adult CMHT offices in Wales. All Health Boards supported this work to gain greater insight, understanding of variation within and across Health Boards areas, and provide a platform for the planning of longer-term improvement to these core services for the benefit of services users and staff.

This Spotlight Report was commissioned specifically into Community Mental Health Teams caring for adults and additional Spotlight Reports have been commissioned into other areas such as inpatients, substance misuse, older adults, children and young people, and perinatal services.

## 2. The Importance of Community Mental Health Teams

Community, whether place, people or both, can provide meaning in people's lives. Social determinants, availability and timely access to services, local resources and assets, codependency, culture and sense of belonging have a direct bearing on the level of mental ill health and well-being within a community.

A Community Mental Health Team (CMHT) is a group of mental health professionals working together to provide comprehensive and coordinated care to individuals with mental ill health. The team should be made up of staff from a variety of disciplines with the necessary expertise to provide a broad range of interventions, including assessment, treatment, therapy, reablement, and support. These professionals can be, consultant psychiatrists, mental health nurses, clinical psychologists, occupational therapists, pharmacists, therapists, support workers, peer support workers, and other healthcare professionals.

A CMHT should have effective communication and coordination mechanisms in place to ensure that individuals receive the optimum care from the appropriate services. They should also work closely with other NHS mental health services such as NHS 111 press option 2, primary care, crisis, home treatment, psychiatric liaison, substance use, specialist, and inpatient services.

An important feature of a CMHT is its ability to work collaboratively with other health and care professionals and organisations outside of NHS mental health services. These include working with social care, GPs, pharmacists, housing,

benefits, education and employment support, crisis cafés, volunteers and charities, police, ambulance and physical health services. By working together, these services can provide holistic, seamless and coordinated care to individuals.

One of the key features of a CMHT is its ability to provide evidence-based treatments and interventions. This means that staff should be up-to-date with the latest research and best practices in the field of mental health, and be able to use this knowledge to inform practice. In addition, the team should be able to provide a range of interventions tailored to the individual needs of each service user.

A CMHT should also be accessible and inclusive. This means that the team should be able to provide services to people from diverse and/or disadvantaged backgrounds, including people with disabilities, ethnic minorities, and people from different socio-economic groups. The team should also be able to provide services that are culturally sensitive, and take into account the unique life journeys and experiences of each individual.

A CMHT should be able to provide support and education to family members and carers. This can include providing information about mental illness, offering advice and guidance on how to support those they care for, and providing access to support groups and other resources.

### 3. The Importance of an Enabling Environment

A CMHT office should be designed to provide a comfortable, safe, supportive, and therapeutic environment for staff and visitors. The CMHT office should be easily accessible and welcoming, it should support the development and maintenance of good relationships, recognition of boundaries and make staff and service users feel physically and emotionally safe. A CMHT office should enable people to communicate effectively, especially those with differing abilities, cultural differences and languages and it should encourage involvement.

In terms of the specific CMHT office location and design, it should:

- **Be accessible:** The CMHT office should be located in an area that is easily accessible by public transportation, with ample parking facilities. It should be accessible to people with disabilities, including wheelchair users.
- **Be comfortable:** The CMHT office should be designed to be comfortable and welcoming, with an inviting atmosphere that encourages people to feel relaxed and at ease. The CMHT office should have modern comfortable furniture, be well maintained, be decorated in calming colours, and be lit by natural and adjustable lighting. Staff should have access to dedicated and comfortable break areas.
- **Enable privacy:** The CMHT office should provide private spaces for confidential discussions, counselling or therapy sessions. These areas should be separate rooms, or discreet areas, with soundproofing and privacy screening.
- **Be safe & secure:** The CMHT office should be designed with safety and security in mind, so as to ensure the well-being of staff and visitors. This can include secure entrances, emergency exits, alarms, and other safety measures.
- **Be technologically fit-for-purpose:** The CMHT office should be equipped with the necessary technology and equipment to support the work of mental health professionals, including digital notes, electronic records, modern computers, telephones, and alarms and other tools, such as remote monitoring, and remote communication and consultation devices.
- **Enable teamwork and integration:** The CMHT office should be designed to facilitate team working and integration amongst staff. This can be achieved through providing shared workspaces, meeting rooms and other collaborative spaces.
- **Enable a productive workforce:** The CMHT office should be designed, maintained and organised to have a positive impact on staff productivity and motivation, reduce stress and distractions, and make it easier for staff to focus on their work.

- **Support recruitment and retention:** The CMHT office can support staff recruitment and retention by being well designed and maintained, therefore creating a positive impression, on both current and prospective staff, and indicating that the organisation values their work and cares about their well-being.
- **Be a positive community resource:** The CMHT office should be designed to connect people with local community resources, such as support groups, third sector organisations, and work and volunteering opportunities. This can be achieved by acting as a hub for local resource information, hosting in-reach workers, and building partnerships with local organisations. The CMHT can occupy shared space with third sector or social care partners, or allow its rooms or gardens to be used for activities facilitated by community partners.

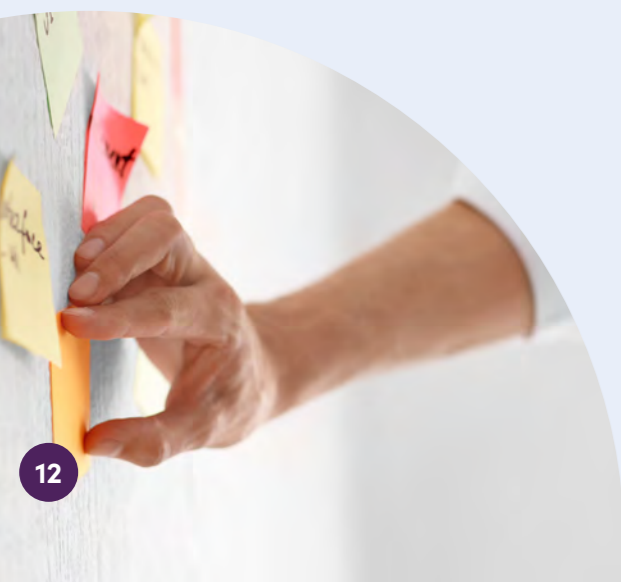


## 4. Methodology

The Joint National Collaborative Commissioning Unit & Royal College of Psychiatrists Wales Dyfodol Programme supports the enhancement of secondary care mental health services and delivery of optimal care for those people in Wales with serious and enduring mental illness. The Dyfodol Programme provides Health Boards with Spotlight Reports to enable them to design and deliver effective and efficient services, whilst reducing inequities and variation. It also enables the Welsh Government and national partners to acquire valuable insights to plan and commission effectively. The Dyfodol Programme ‘Enabling Environments’ workstream ensures that the state and organisation of the spaces in which we care for people, and in which our staff work, are viewed as an important aspect of care. This Spotlight Report does not explore the quality or outcomes of care provided as this was beyond the scope of the ‘Enabling Environments’ workstream.

The Dyfodol Programme designed a bespoke 109-point specification focused on the environment of care. All points of the specification were classed as either ‘desirable’, or ‘essential’, based on legal or regulatory requirements, potential impact on staff safety, effectiveness, experience or the possible impact on service user safety, outcomes, inclusion or experience. The specification was split into 10 areas as shown below:

- |   |   |
|---|---|
| 1. <b>Build &amp; Maintenance</b><br>(3 questions)            | 6. <b>Equity</b><br>(8 questions)                               |
| 2. <b>Enabling Access</b><br>(13 questions)                   | 7. <b>Supporting &amp; Protecting Staff</b><br>(20 questions)   |
| 3. <b>External Areas</b><br>(8 questions)                     | 8. <b>Clinical Care</b><br>(24 questions)                       |
| 4. <b>Internal Areas</b><br>(6 questions)                     | 9. <b>Health &amp; Social Care Integration</b><br>(5 questions) |
| 5. <b>Experience, Privacy &amp; Dignity</b><br>(15 questions) | 10. <b>Community Links</b><br>(7 questions)                     |



The specification was designed so the review team could allocate one of three indicative ‘positions’ in response to each question, normally corresponding to whether a particular aspect of the CMHT office was:

- ‘Poor/substandard/not present’, represented by a dark blue colour in graphs. ‘Adequate/reasonable/acceptable’, represented by a medium blue/teal colour in graphs. ‘Good/effective/present’, represented by a light blue colour in graphs.
- A single auditor was used for site visits to support comparative evidence gathering. Nevertheless some aspects of the ‘positions’ were subjective, and therefore Health Boards were asked to confirm the allocated ‘positions’. Note that these ‘positions’ are indicative only and in no way reflect on the quality of care provided.

All Health Boards agreed to participate in this Spotlight Report and provided a link person to communicate with the CMHT leads in their area. Contact was made with each CMHT office prior to their site visit to request information pertinent to this Spotlight Report.

There are 45 CMHT offices in Wales, although some offices provide bases for more than one team. All 45 CMHT offices were subject to a site visit by the review team and during these site visits the environment was assessed, documentation reviewed, and staff interviewed, to provide responses to the 109-point specification which is detailed in full in **Appendix C**. The findings from these site visits is detailed in **Part B**. Achievement against ‘Good/effective/present’ positions across all specification points is summarised in **Appendix B**.

Understanding staff and service user experiences, satisfaction and opinions is a vital part of the Dyfodol Programme. Throughout **Part B** the findings from a bespoke staff survey are detailed, linked to relevant points in the specification where understanding the views of staff is pertinent. The staff survey was undertaken between July and September 2023, and was distributed, via Health Boards, to staff working in adult Community Health Teams in Wales. The survey was undertaken by distributing a link with 75 questions, asking staff to provide an answer by choosing from one or more pre-populated possible Likert scale responses. There were 95 responses to this survey received from staff. The responses to some general staff survey questions, unrelated to the site reviews are detailed in **Part C**, as are ranked summaries of aggregated staff responses.

In **Part D** the findings from a bespoke service user staff survey are detailed. This survey was developed in partnership with Picker, a charity whose mission is to improve health and social care through research on users' experience. The survey was undertaken between August and September 2023, and was distributed via third sector partners, Health Boards, and the National Mental Health Partnership Board. The survey was targeted at persons who were currently receiving support from an adult Community Health Team in Wales and consisted of 15 questions, 2 of which were concerning demographics. There were 37 responses received to this survey. The survey included a free text comments section, which is summarised in **Appendix A**.

There is an absence of guidance or policy statements, which comprehensively describe the optimum environment of care for Community Mental Health Teams in Wales. Therefore, the 109-point specification, statements, and any evidence stated in this Spotlight Report are based on an amalgamation of findings from a range of policies, guidance, past reports and research, listed in the **Bibliography** section of this report. References have not been noted, within the text of this Spotlight Report, in order not to disrupt the narrative flow, but they are available on request, if they can not be located using the bibliography.

**Please note:** There are anonymised pictures of actual CMHT offices in Wales within this Spotlight Report. The pictures used intentionally focus on those areas with identified deficits. It should be noted that these are for illustrative purposes only and there may be many CMHT offices without these deficits or with deficits which are not to the same nature or degree as that shown.



## 5. Overview of Community Mental Health Teams in Wales

This Spotlight Report found, across Wales, that circa 1000 staff are based in CMHT offices, ranging from less than 10 to more than 50 people in a single CMHT office. Around half of the 1000 staff were working as part of a CMHT, the rest in other services. Of the staff working as part of a CMHT, more than two thirds were employed by the NHS, and less than a third by social care. Around 9 in 10 CMHT office staff were clinicians or social workers and 1 in 10 were administrative. The majority of CMHT managers had a dual clinical/supervisory role. Although difficult to calculate, a number of staff were employed through employment agencies and many CMHTs reported that they currently had staff vacancies.

Caseloads of CMHTs in Wales were at their highest for many years in 2022, at an average, across Health Boards, of 1,707 per 100,000 adult population (up from 1,556 per 100,000 in 2021), which means nearly 2% of the Welsh adult population was an active service user of a CMHT in 2022. Research across the UK states that on average a community psychiatric nurse (CPN) holds a caseload of between 20–30 service users. Although unverified, data gathered for this Spotlight Report found CPNs in Wales had an average caseload of 39, whilst social workers had a smaller caseload. It should be noted that these caseload figures do not take into account the complexity or acuity of service users, or of other duties that may be performed by some CMHT staff, such as ‘duty worker’ and Approved Mental Health Professional.

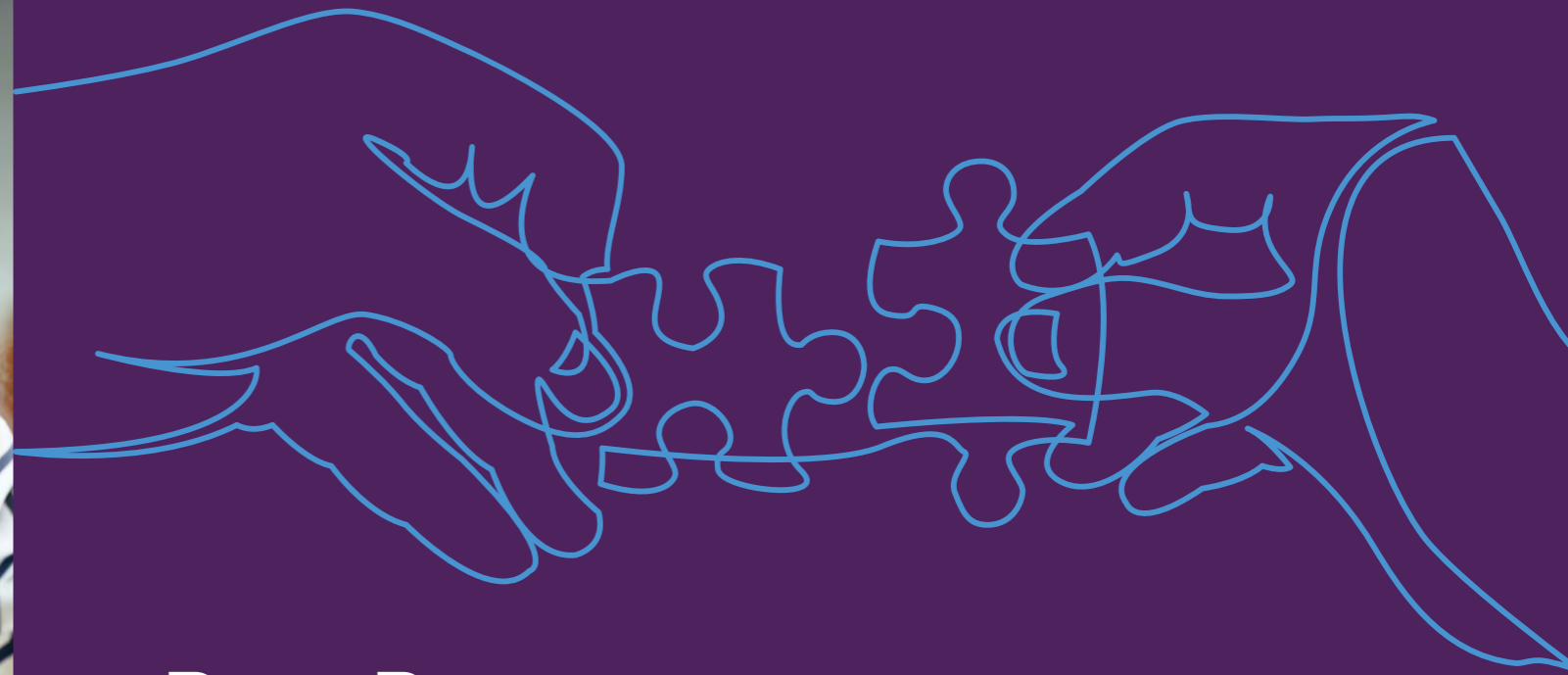
There are 45 CMHT offices in Wales. There are many other ‘community teams’, that support children and young people, older adults and other individuals with specific needs such as perinatal, psychosis and forensic. Sometimes more than one community team shares an office but provide different services or provide the same service to a different defined geographical area.

The number of CMHT offices in each Health Board area are:

- **10** in Betsi Cadwaladr University Health Board.
- **7** in Aneurin Bevan University Health Board.
- **7** in Hywel Dda University Health Board.
- **6** in Cardiff and Vale University Health Board.
- **6** in Cwm Taf Morgannwg University Health Board.
- **5** in Powys Teaching Health Board.
- **4** in Swansea Bay University Health Board.

The next page maps the general location of the 45 CMHT offices in Wales.





## Part B

### State of Services

Part B includes:

- Detailed findings of the review of each CMHT office against the 109 point specification sections focusing on:
  - Build & Maintenance
  - Enabling Access
  - External Areas
  - Internal Areas
  - Experience, Privacy & Dignity
  - Equality
  - Supporting & Protecting Staff
  - Clinical Care
  - Health & Social Care Integration
  - Community Links
- In relevant sections, responses to the 75 question staff survey.

## 6. Build & Maintenance

### 6.1. Purpose Built/Repurposed

A CMHT office, designed and built for the specific purpose of delivering high quality community mental health care, is desirable for several reasons, such as:

- **Improvement:** A CMHT office, specifically built or modified, will create a therapeutic space tailored to the needs of staff and service users, such as private consultation rooms, group therapy spaces, clinical spaces, staff rest areas, gardens, and shared community spaces.
- **Safety:** A CMHT office, specifically built or modified, will have enhanced safety and security features to protect both staff and service users such as, secure entrances, CCTV cameras, and alarms.
- **Equity:** A CMHT office, specifically built or modified, will ensure accessibility for service users with disabilities and have features that support access for those with specific needs.
- **Recruitment & retention:** A CMHT office, specifically built or modified, may increase morale by creating a sense of pride and ownership among staff, possibly leading to increased retention and motivation leading to increased retention and motivation.

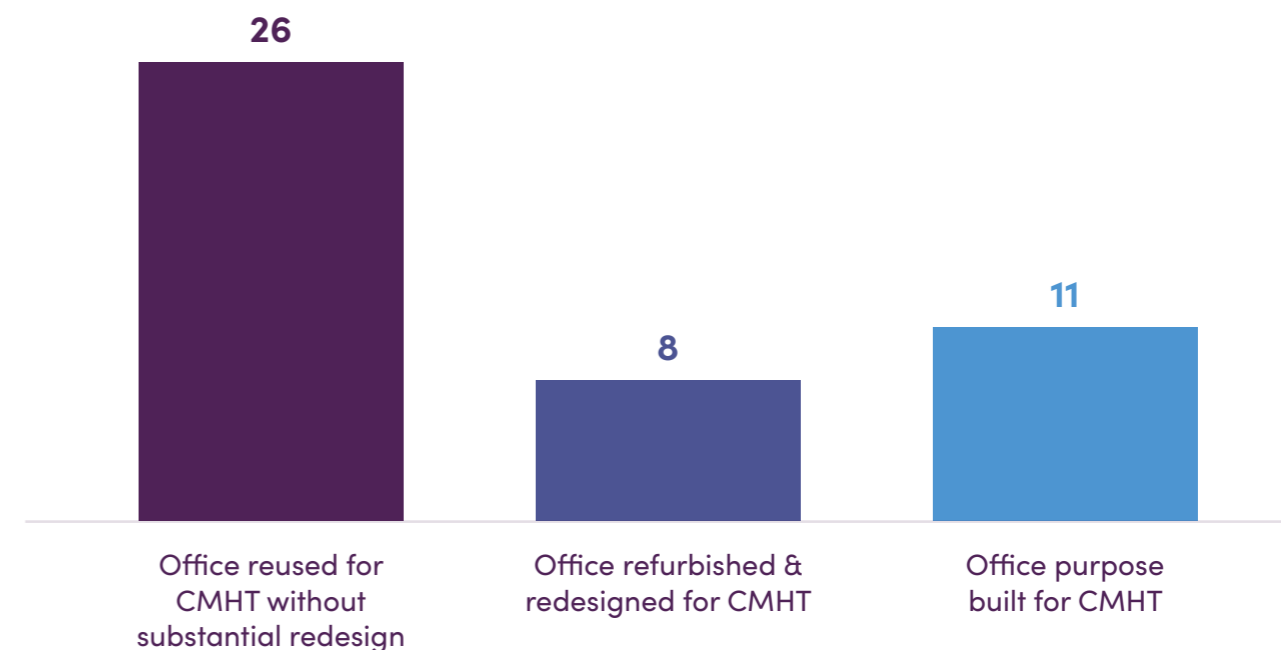
This Spotlight Report examined if the CMHT building was a 'reused' building, without substantial redesign, or had been specifically built or redesigned for a CMHT. During site visits we found that many CMHT office buildings had previously been used for other NHS health services, whilst some have previous been used for such things as housing, school, GP surgery, local authority offices or, in one case, a snooker hall. **Figure 1**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

**58%** of CMHT offices were a 'reuse', without substantial redesign.

**18%** of CMHT offices had been refurbished/redesigned for a CMHT.

**24%** of CMHT offices had been purposely built for a CMHT.

**Figure 1: Build Type of CMHT Offices in Wales.**



### 6.2. Maintenance Schedule

A CMHT office that has a regular schedule of maintenance, repair and redecoration, is desirable for several reasons, such as:

- **Prevention:** By not being dependent on staff reporting defects, a regular maintenance schedule ensures faults and flaws are corrected early. Regular maintenance prevents minor problems worsening and causing significant disruption.
- **Prudence:** Small repairs and maintenance tasks are often less expensive than major repairs or replacements, and regular maintenance and repairs can extend the life of equipment and facilities.
- **Safety:** Regular maintenance can help identify and address potential safety hazards that may go unnoticed by staff, such as faulty wiring, that could cause harm to staff or service users. By addressing these issues promptly, the risk of accidents can be minimised.
- **Satisfaction:** Service users who visit the CMHT are often dealing with challenging situations and may be under stress. A well-maintained and comfortable environment can contribute to a sense of well-being and improve their overall experience.
- **Recruitment & retention:** By providing a well-maintained CMHT office, Health Boards can demonstrate they value staff well-being and this may improve recruitment and aide retention.

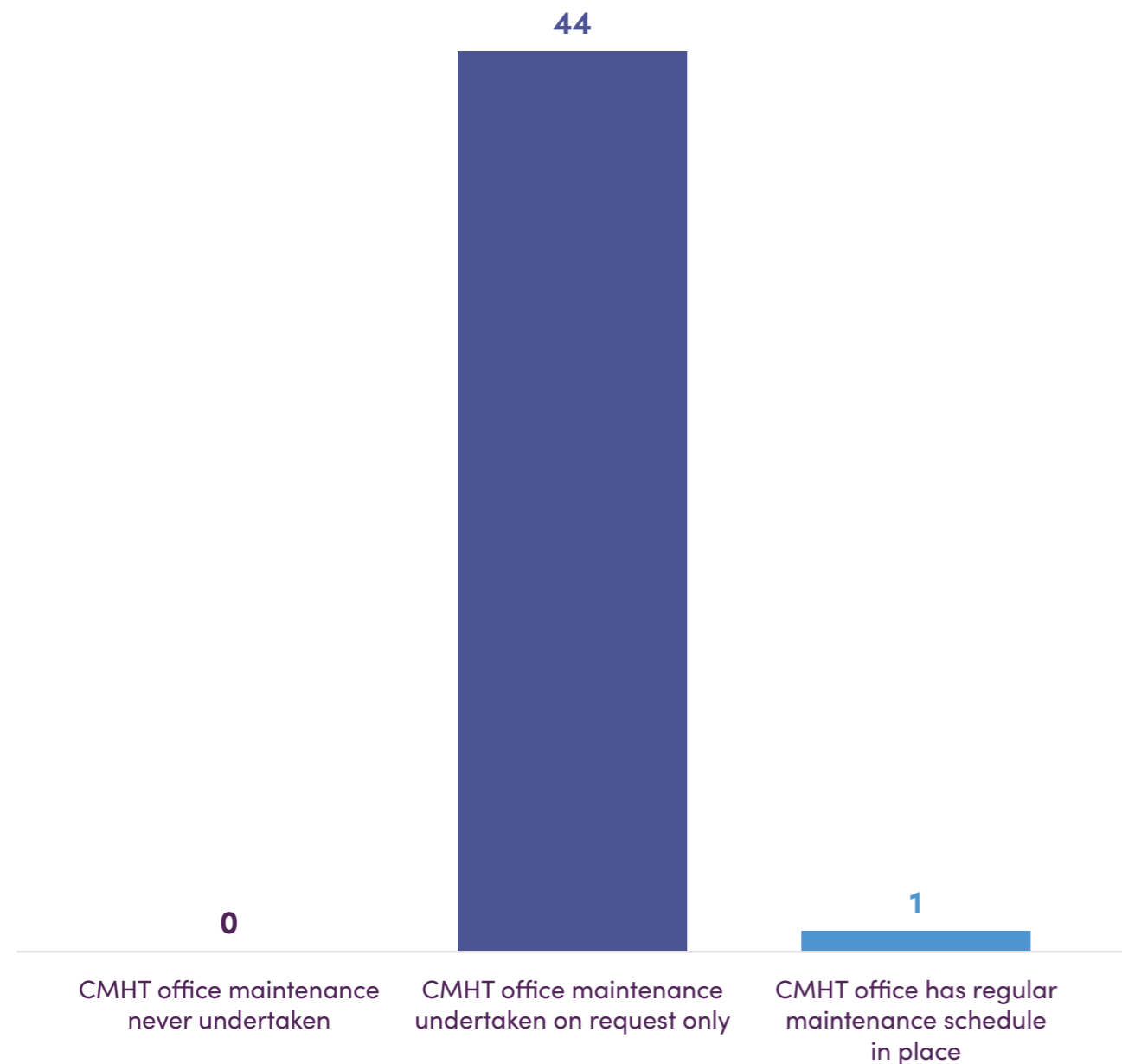
This Spotlight Report examined if the CMHT office had a regular maintenance schedule in place, where maintenance staff attend the office on a routine basis to undertake repairs or redecoration. **Figure 2**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

**0%** of CMHT offices were never maintained.

**98%** of CMHT offices received a maintenance visit only after contacting the maintenance department.

**2%** of CMHT offices had a regular maintenance schedule in place.

**Figure 2: Maintenance of CMHT Offices in Wales.**



## 6.3. Prompt Maintenance

A CMHT office that obtains a prompt response to requests for maintenance, repairs and redecoration is essential for several reasons, such as:

- **Prevention:** A delay in responding to maintenance requests can often lead to further damage or deterioration of equipment or facilities. A prompt response can help prevent small problems from becoming bigger and more costly ones.
- **Safety:** Timely maintenance is crucial to ensure the safety of staff and service users. A prompt response to requests for maintenance at the CMHT office may prevent accidents.
- **Satisfaction:** Maintenance issues can affect service user experience, whilst a well-maintained CMHT office can help create a positive impression.
- **Efficiency:** Malfunctioning equipment or facilities in need of repair can disrupt CMHT operations and reduce productivity.
- **Recruitment & retention:** By responding to maintenance requests promptly, Health Boards can demonstrate they value staff well-being and this may improve recruitment and aide retention.

This Spotlight Report examined if staff stated they had received a prompt response to requests for maintenance, repair or redecoration. During site visits some staff reported very long responses to maintenance requests and it was apparent that, although many CMHT offices are based on hospital sites with an estates department, this appeared to have little impact on whether or not there was a prompt response. **Figure 3**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

**56%** of CMHT offices reported that they did not receive a prompt response to requests for maintenance, repair or redecoration from the responsible departments.

**44%** of CMHT offices reported that they did receive a prompt response to requests for maintenance, repair or redecoration from the responsible departments.

**Figure 3: Maintenance Response of CMHT Offices in Wales.**



## Staff Survey Responses

### 6.3a CMHT Office Design – Satisfaction

The survey asked staff about their overall satisfaction with the design of the CMHT office. The survey question was, 'Overall how satisfied are you that the CMHT office is well designed? (You may wish to consider if it has got the right number of interview rooms, clinic rooms etc. and are they rooms well laid out?)'.

Over seven in ten staff, (72%), were dissatisfied, or very dissatisfied, with their CMHT office design. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**32%** (31) of staff, responding to the survey, stated: 'Very dissatisfied'

**40%** (38) of staff, responding to the survey, stated: 'Dissatisfied'

**26%** (25) of staff, responding to the survey, stated: 'Satisfied'

**1%** (1) of staff, responding to the survey, stated: 'Very Satisfied'

### 6.3b CMHT Office Design and Maintenance – Importance

The survey asked staff about the importance to them of the design and maintenance of the CMHT office. The survey question was, 'How important is it to you to work in a CMHT office that is fit-for-purpose and well maintained?'.

Over nine in ten staff, (98%), felt that the design and maintenance of the CMHT office was important, or very important to them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**1%** (1) of staff, responding to the survey, stated: 'Not important'

**0%** (0) of staff, responding to the survey, stated: 'Slightly important'

**17%** (16) of staff, responding to the survey, stated: 'Important'

**81%** (77) of staff, responding to the survey, stated: 'Very important'

### 6.3c CMHT Office Maintenance – Satisfaction

The survey asked staff about their overall satisfaction with the maintenance of the CMHT office. The survey question was, 'Overall how satisfied are you that the CMHT office is well maintained? (You may wish to consider if it kept clean, tidy, and free from damp, and furniture is not broken or damaged?)'.

Over five in ten staff, (53%), were dissatisfied, or very dissatisfied, with the maintenance of their CMHT office. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**17%** (17) of staff, responding to the survey, stated: **'Very dissatisfied'**

**36%** (35) of staff, responding to the survey, stated: **'Dissatisfied'**

**36%** (35) of staff, responding to the survey, stated: **'Satisfied'**

**8%** (8) of staff, responding to the survey, stated: **'Very Satisfied'**

### 6.3d CMHT Office Design and Maintenance – Risk and Safety – Experience

The survey asked staff about the impact of the design and maintenance of the CMHT office on their feelings of personal safety or risk. The survey question was, 'Do you ever feel unsafe or at risk working in your CMHT office because of its design or maintenance?'.

Over four in ten staff, (45%), very often, or sometimes, felt unsafe whilst working in their CMHT office due to design or maintenance. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**12%** (12) of staff, responding to the survey, stated: **'Very often'**

**33%** (32) of staff, responding to the survey, stated: **'Sometimes'**

**27%** (26) of staff, responding to the survey, stated: **'Rarely'**

**26%** (25) of staff, responding to the survey, stated: **'Never'**

### 6.3e CMHT Office Design and Maintenance – Staff Recruitment – Impact

The survey asked staff their opinion on the impact the design and maintenance of the CMHT office may have on the recruitment and retention of staff. The survey question was, 'Do you believe that the design and maintenance of the CMHT office is an issue that will affect the recruitment and retention of staff?'.

Over five in ten staff, (57%), felt that the design and maintenance of the CMHT office would, very often, or sometimes, have an impact on staff recruitment and retention. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**24%** (23) of staff, responding to the survey, stated: **'Very often'**

**33%** (32) of staff, responding to the survey, stated: **'Sometimes'**

**26%** (25) of staff, responding to the survey, stated: **'Rarely'**

**15%** (15) of staff, responding to the survey, stated: **'Never'**



## 7. Enabling Access

This section explores the location of CMHT offices, and the ease of access to them, from a range of transport modalities.

### 7.1. Location

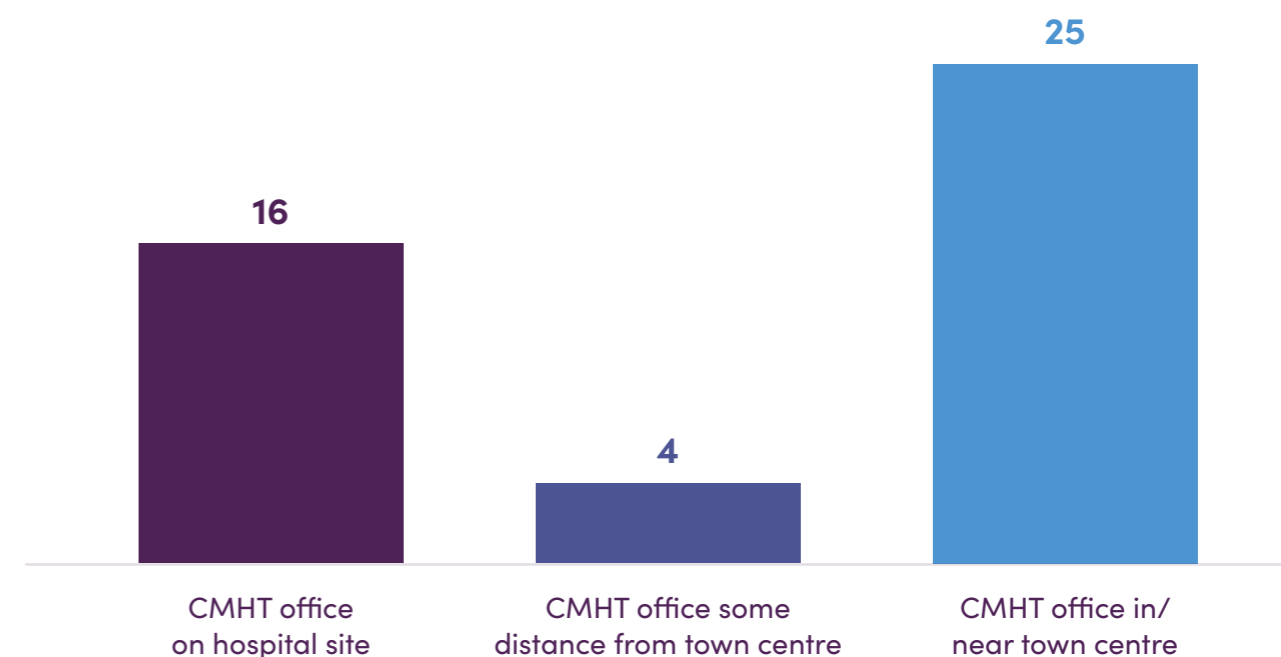
It is desirable to embed CMHT offices within the communities they serve, as this can provide several benefits to individuals who need to use the service, such as:

- **Inclusivity:** A CMHT office embedded in a community can help to reduce stigma. People may feel more comfortable seeking help for mental health issues when they can receive services in a familiar and accessible environment.
- **Accessibility:** A CMHT office embedded in a community can help to increase the services visibility and availability, which can make it easier for people to access care when they need it.
- **Outreach:** A CMHT office embedded in a community can provide opportunities for outreach and education, as staff can work with community leaders and organisations to raise awareness about mental health issues and promote the importance of seeking timely support.
- **Resource:** A CMHT office embedded in a community can act as a hub for local resource information and host in-reach workers. CMHT office rooms and gardens can be used for activities facilitated by community partners.

This Spotlight Report examined if the CMHT building was located on a hospital site, some distance from a town centre or in/near a town centre. **Figure 4**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **36%** of CMHT offices were located on a hospital site.
- **9%** of CMHT offices were located some distance from a town centre. 56% of CMHT offices were located in/near a town centre.
- **56%** of CMHT offices were located in/near a town centre.

Figure 4: Location of CMHT Offices in Wales.



## Staff Survey Responses

### 7.1a CMHT Location – Expertise

The survey asked staff about the convenience of the CMHT office location for service users. The survey question was, 'Have you experienced service users having difficulties accessing the CMHT office where you work because of its location?'

Over six in ten staff, (63%), felt that service users often, or sometimes, have difficulty accessing the CMHT, due to its location. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**20%** (19) of staff, responding to the survey, stated: 'Often'

**43%** (41) of staff, responding to the survey, stated: 'Sometimes'

**17%** (17) of staff, responding to the survey, stated: 'Rarely'

**18%** (18) of staff, responding to the survey, stated: 'Never'

## 7.1b CMHT Location – Importance

The survey asked staff their opinion on the importance of the CMHT office location for service users. The survey question was, ‘Do you think that this issue (CMHT location) is important for service users?’.

Over nine in ten staff, (91%), agreed, or strongly agreed, that the convenience of the CMHT office location was an important issue for service users. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**5%** (3) of staff, responding to the survey, stated: ‘Strongly disagree’

**2%** (7) of staff, responding to the survey, stated: ‘Disagree’

**38%** (37) of staff, responding to the survey, stated: ‘Agree’

**53%** (48) of staff, responding to the survey, stated: ‘Strongly agree’



agreed, or strongly agreed, that the convenience of the CMHT office location was an important issue for service users.

## 7.2. Cost Free Transport

Although many service users will receive interventions during home visits, having free organised transport for service users to and from the CMHT office is desirable for several reasons, such as:

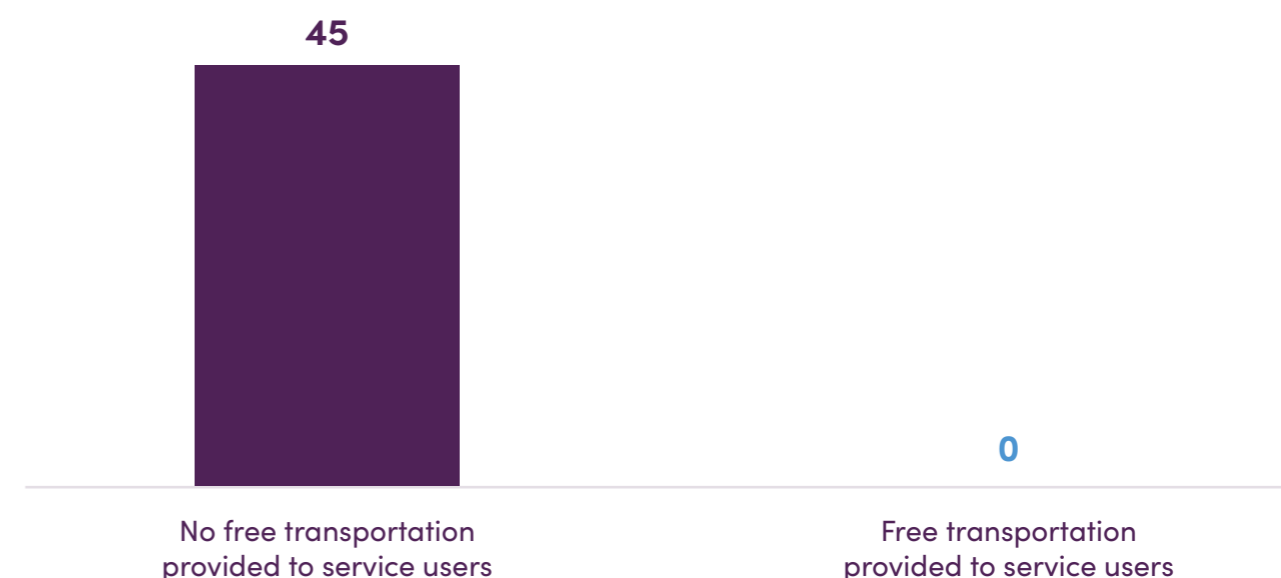
- **Access:** One barrier to accessing mental health care is transportation availability and cost. Service users who do not have access to reliable transportation may not be able to attend appointments, leading to disruption in their care.
- **Independence:** Some service users may wish to travel to a CMHT office instead of receiving a home visit, and free transportation can encourage this. Increased independence can lead to better mental health outcomes and improved quality of life.
- **Well-being:** Service users may already be experiencing high levels of stress and anxiety. Worrying about transportation to appointments can add an additional layer of stress. By providing free transport, the CMHT can help reduce the stress associated with getting to appointments.

Many CMHTs can provide individual transport to/from a CMHT office via staff cars should any service user request it, although this does not foster independence.

This Spotlight Report examined if the CMHT office had free organised transportation available. **Figure 5**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **100%** of CMHT offices did not have free organised transportation available to service users.
- **0%** of CMHT offices did have free organised transportation available to service users.

**Figure 5: Free Organised Transportation to/from CMHT Offices in Wales.**



### 7.3. Public Transport

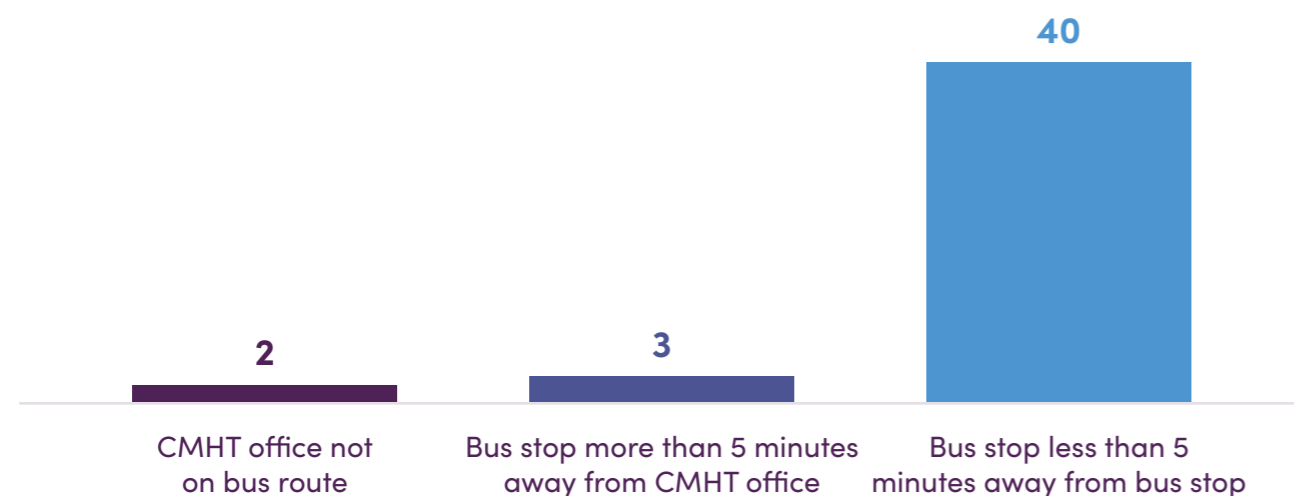
It is essential for a CMHT office to be easily accessible by public transport for several reasons, such as:

- **Access:** For service users who do not have access to a private vehicle, public transportation is often the only means of transportation available. If the CMHT office is not easily accessible by public transport, it may pose a barrier to receiving care.
- **Cost:** Public transportation is often less expensive than using a private vehicle or taking a taxi. If a CMHT office is not easily accessible by public transport, it may be more difficult for service users to afford the cost of transportation.
- **Environment:** Public transportation is generally considered to be more environmentally friendly than private vehicles. Encouraging the use of public transportation can help reduce carbon emissions and promote a healthier environment.
- **Equality:** Disabled service users may have mobility issues, chronic pain, or other physical limitations that make it difficult to walk long distances. Having a bus stop near the CMHT office can help ensure that they can comfortably access the mental health services they need.

This Spotlight Report examined if CMHT office was near a public bus stop. Note the frequency of bus arrivals was not explored. **Figure 6**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **4%** of CMHT offices were not on a bus route.
- **7%** of CMHT offices were more than 5 minutes walk from a bus stop.
- **89%** of CMHT offices were less than 5 minutes walk from a bus stop.

**Figure 6: Public Transport Accessibility to CMHT Offices in Wales.**



## Staff Survey Responses

### 7.3a Service User Cost Free Access – Experience

The survey asked staff about the barriers that transport costs may pose, for service users accessing the CMHT office. The survey question was, 'Have you experienced service users having difficulties accessing the CMHT office where you work because of the cost of transport?'

Over six in ten staff, (66%), felt that service users often, or sometimes, have difficulty accessing the CMHT due to transport costs. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**17%** (17) of staff, responding to the survey, stated: 'Often'

**49%** (47) of staff, responding to the survey, stated: 'Sometimes'

**17%** (17) of staff, responding to the survey, stated: 'Rarely'

**14%** (14) of staff, responding to the survey, stated: 'Never'

### 7.3a Service User Transport Costs – Importance

The survey asked staff their opinion on the importance of transport costs for service users. The survey question was, 'Do you think that this issue (cost of public transport) is important for service users?'

Over in eight in ten staff, (88%), agreed, or strongly agreed, that transport costs are an important issue for service users. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**3%** (3) of staff, responding to the survey, stated: 'Strongly disagree'

**7%** (7) of staff, responding to the survey, stated: 'Disagree'

**38%** (37) of staff, responding to the survey, stated: 'Agree'

**50%** (48) of staff, responding to the survey, stated: 'Strongly agree'

## 7.4. Service User Parking Availability

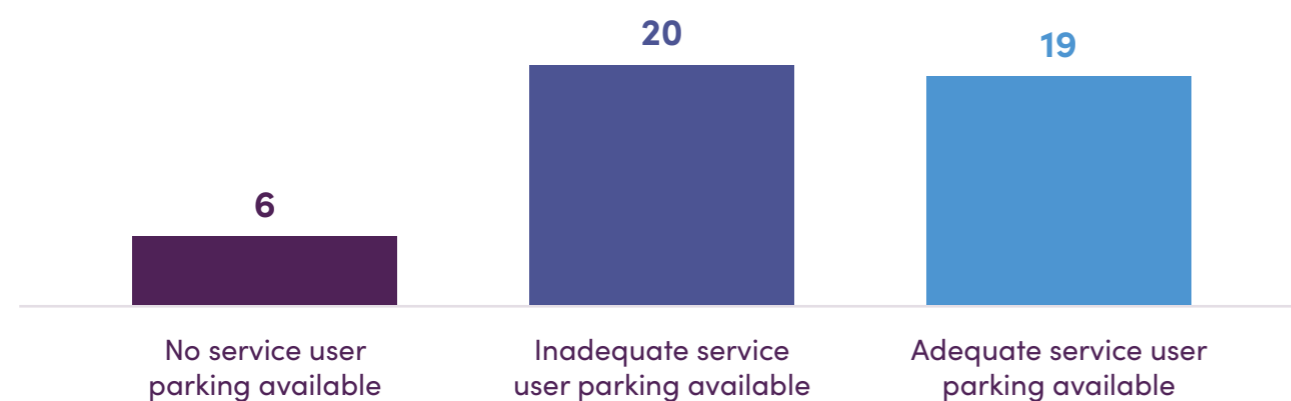
It is essential that service users attending a CMHT office have adequate parking at the office for several reasons, such as:

- **Access:** Service users may require regular visits to the CMHT office for ongoing support. Having adequate parking ensures that they can access the service easily, and conveniently. This can be especially important for service users who live a long distance from the CMHT office.
- **Reduced stress:** Service users may already be dealing with high levels of stress and anxiety. Having to search for parking or park far away from the CMHT office can exacerbate these feelings.
- **Engagement:** When service users have easy access to the CMHT office, they are more likely to have continued engagement with their treatment and attend appointments regularly. This can lead to better outcomes and improved mental health.
- **Safety:** Adequate parking can also improve safety for service users by reducing the need to park on nearby streets or in potentially unsafe areas.

This Spotlight Report examined if service users who attend the CMHT office had access to dedicated parking or if spaces were limited. During site visits it was noted that, at many CMHT offices, there was no specifically designated ‘staff’ or ‘service user’ parking areas which may, or may not, be positive, depending on space available. **Figure 7**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **13%** of CMHT offices provided no dedicated parking for service users.
- **44%** of CMHT offices provided inadequate (limited spaces) dedicated parking for service users.
- **42%** of CMHT offices provided adequate dedicated parking for service users.

**Figure 7: Service User Parking at CMHT Offices in Wales.**



## 7.5. Staff Parking Availability

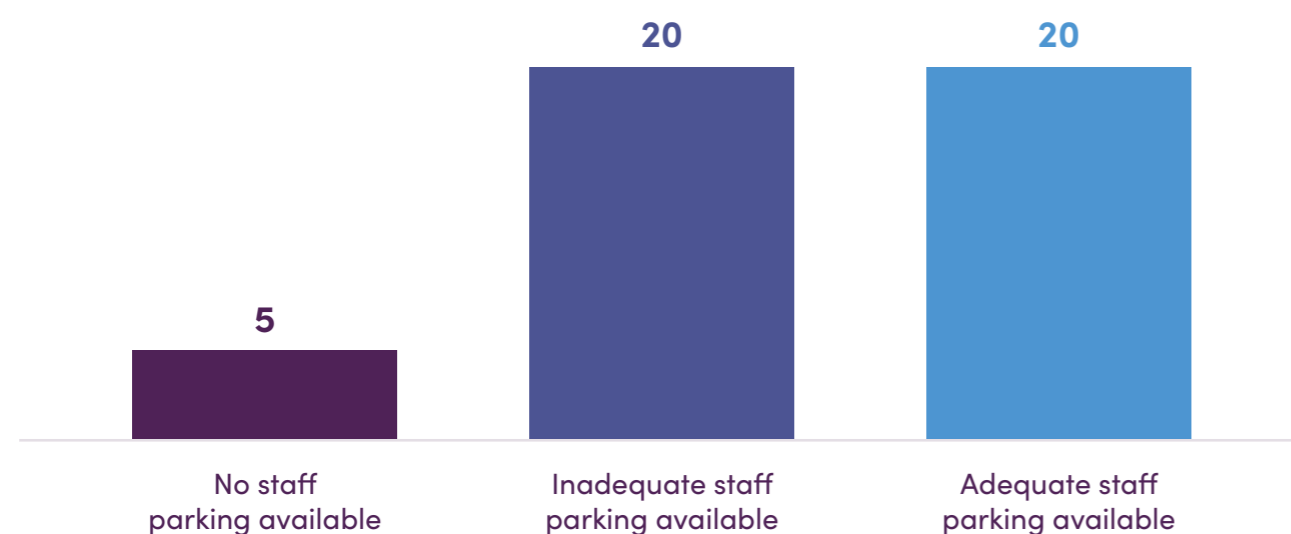
It is essential that staff, working in a CMHT office, have adequate parking at the office for reasons such as:

- **Recruitment:** The availability of staff parking is an important factor for staff retention and recruitment. Potential employees may choose not to apply for a job if they experience inadequate parking at job interviews, leading to recruitment challenges for the service.
- **Productivity:** CMHT staff will normally have to travel between different places during their workday. If staff parking is not available at the office, it can lead to delays and reduce productivity.
- **Safety:** Adequate parking can also improve safety for staff by reducing the need to park on nearby streets or potentially unsafe areas.

This Spotlight Report examined if CMHT staff had access to dedicated parking and if enough spaces were available. During site visits parking space was so limited at some sites that the start of the site visit was delayed for up to an hour. **Figure 8**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **11%** of CMHT offices provided no dedicated staff parking.
- **44%** of CMHT offices provided inadequate (limited spaces) dedicated staff parking.
- **44%** of CMHT offices provided adequate dedicated staff parking.

**Figure 8: Staff Parking at CMHT Offices in Wales.**



## Staff Survey Responses

### 7.5a Staff Parking – Experience

The survey asked staff about their experience of car parking at CMHT office. The survey question was, 'Do you have difficulties parking at your CMHT office?'

Over seven in ten staff, (71%), experience difficulties parking at their CMHT office, some, or most of the time. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**38%** (37) of staff, responding to the survey, stated: **'Most of the time'**

**33%** (32) of staff, responding to the survey, stated: **'Some of the time'**

**12%** (12) of staff, responding to the survey, stated: **'Seldom'**

**14%** (14) of staff, responding to the survey, stated: **'Never'**

### 7.5b Staff Parking – Importance

The survey asked staff their opinion on the importance of staff parking at the CMHT office. The survey question was, 'Do you think that this issue (adequate parking spaces at the CMHT office) is important for staff?'

Over nine in ten staff, (97%), agreed, or strongly agreed, that the staff parking at the CMHT office was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**1%** (1) of staff, responding to the survey, stated: **'Strongly disagree'**

**1%** (1) of staff, responding to the survey, stated: **'Disagree'**

**25%** (24) of staff, responding to the survey, stated: **'Agree'**

**72%** (69) of staff, responding to the survey, stated: **'Strongly agree'**



## 7.6. Service Users Parking Fees

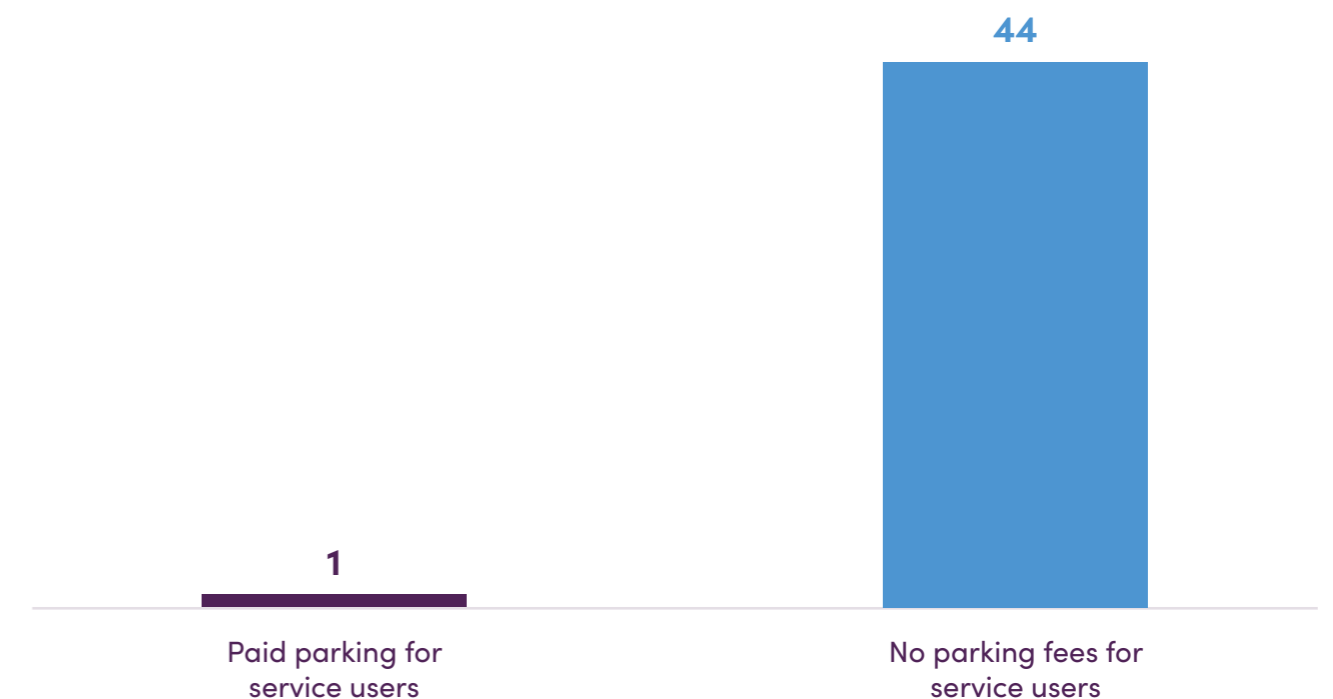
It is essential for a CMHT office to offer fee free parking to service users for several reasons, such as:

- **Access:** Service users with mental health problems may find it difficult to travel, and may be unable to use public transport due to anxiety or other symptoms. Providing free parking can make it easier for them to attend appointments in their own car.
- **Cost:** Some service users may also face financial difficulties. Charging for parking can be an additional financial burden that they may struggle to afford, especially if they have regular appointments.
- **Reduced stress:** Parking can be a stressful experience. Providing free parking can help to reduce this stress.
- **Outcomes:** Service users are more likely to attend appointments when they have access to free parking.

This Spotlight Report examined if CMHT office offered fee free parking for service users. **Figure 9**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **2%** of CMHT offices had paid parking for service users.
- **98%** of CMHT offices had fee free parking for service users.

**Figure 9: Service User Fee Free Parking at CMHT Offices in Wales.**



## 7.7. Staff Parking Fees

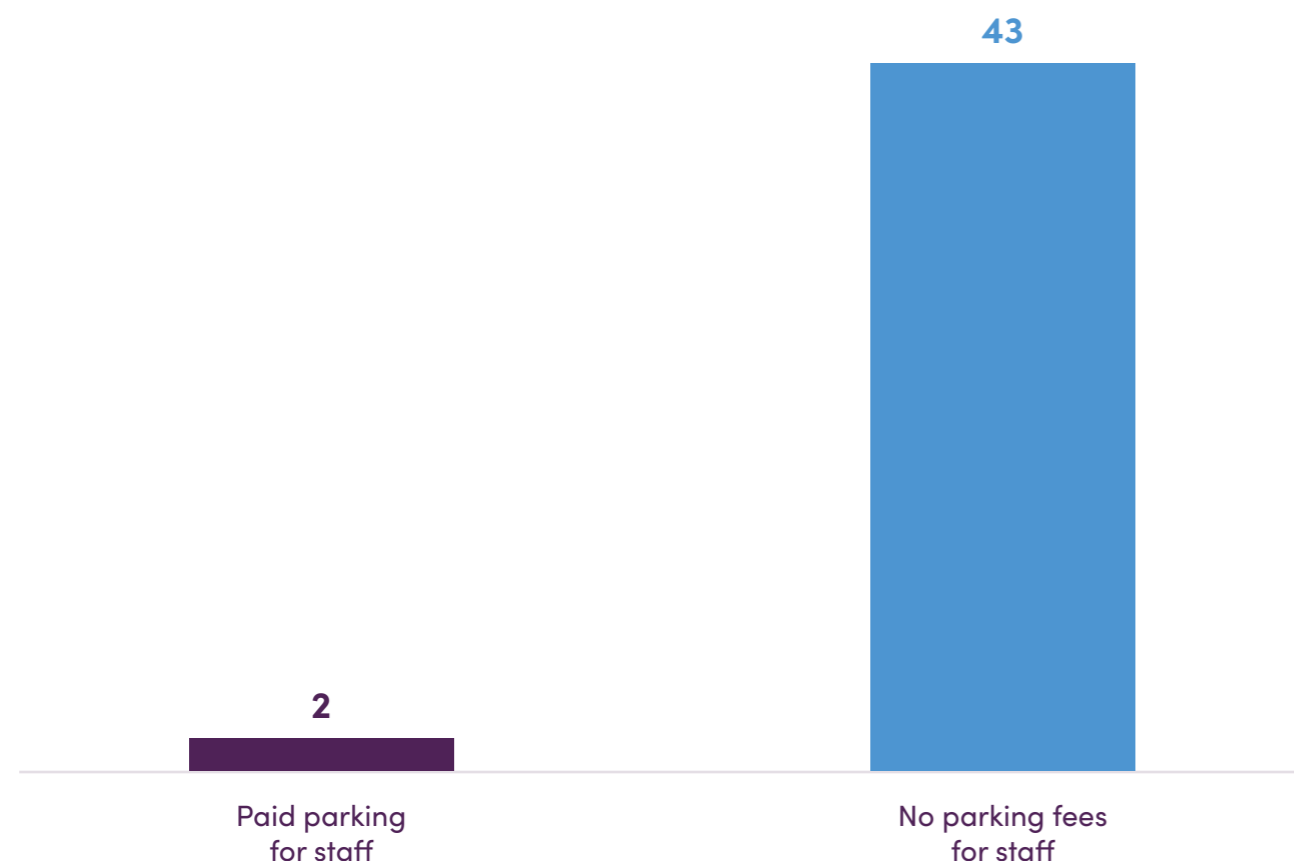
It is essential for a CMHT office to offer fee free parking to staff for several reasons, such as:

- **Recruitment:** Providing free parking to staff can be a valuable benefit that improves their job satisfaction and helps retain talented staff. It can also help attract new staff who are looking for such benefits. Providing free parking can also enhance a Health Boards image and reputation. It demonstrates that the service values its staff and is willing to invest in their well-being and convenience.
- **Access:** Free parking ensures that staff have easy access to the workplace and don't have to worry about paying for parking. This can save them time and reduce stress, which can translate into increased productivity.

This Spotlight Report examined if CMHT office offered fee free parking to staff. **Figure 10**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **4%** of CMHT offices had paid parking for staff.
- **96%** of CMHT offices had fee free parking for staff.

**Figure 10: Staff Fee Free Parking at CMHT Offices in Wales.**



## Staff Survey Responses

### 7.7a Cost Free Parking – Importance

The survey asked staff their opinion on the importance of cost free staff parking at the CMHT office. The survey question was, 'Do you think that this issue (cost free parking at the CMHT office) is important for staff?'

Over nine in ten staff, (97%), agreed, or strongly agreed, that cost free parking was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**2%** (2) of staff, responding to the survey, stated: 'Strongly disagree'

**0%** (0) of staff, responding to the survey, stated: 'Disagree'

**13%** (13) of staff, responding to the survey, stated: 'Agree'

**84%** (80) of staff, responding to the survey, stated: 'Strongly agree'

### 7.7b Cost Free Parking – Staff Recruitment – Impact

The survey asked staff their opinion on the impact cost free parking may have on the recruitment and retention of staff. The survey question was, 'Do you believe that this issue (cost free parking at the CMHT office) will affect the recruitment and retention of staff?'

Over eight in ten staff, (84%), felt that the issue of cost free parking would, very often, or sometimes, have an impact on staff recruitment and retention. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**42%** (40) of staff, responding to the survey, stated: 'Very often'

**42%** (40) of staff, responding to the survey, stated: 'Sometimes'

**9%** (9) of staff, responding to the survey, stated: 'Rarely'

**6%** (6) of staff, responding to the survey, stated: 'Never'

## 7.8. Parking Area Lighting

A well-lit parking area is essential for several reasons, such as:

- **Safety:** A well-lit parking area can help prevent accidents, crimes, and other safety issues that could put staff or visitors at risk. Adequate lighting can deter potential criminals and make it easier for people to see potential hazards such as uneven pavement, curbs, and obstacles.
- **Security:** A well-lit parking area can improve security by making it easier to monitor activity in the area. Staff and security personnel can better detect and respond to any suspicious activity in a well-lit environment.
- **Convenience:** Adequate lighting can make it easier for staff and visitors to navigate the parking area and locate their vehicles.
- **Satisfaction:** Providing a safe and convenient parking area can improve staff satisfaction and morale, as it shows that the Health Board cares about their well-being and is committed to providing a safe and comfortable work environment.

This Spotlight Report examined if CMHT office parking areas had adequate lighting. During site visits staff at a few CMHT offices stated that lighting in parking areas was so poor that, on leaving the office in the winter months, they were worried about their safety when walking to their cars, and as a result, frequently leave in pairs and use the torch functions on their mobile phones for lighting. **Figure 11**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **16%** of CMHT offices parking areas were unlit.
- **49%** of CMHT offices parking areas were poorly lit.
- **36%** of CMHT offices parking areas were well lit.

**Figure 11: Parking Area Lighting at CMHT Offices in Wales.**



## Staff Survey Responses

### 7.8a Staff Parking Area Lighting – Satisfaction

The survey asked staff about their experience of staff parking area lighting at their CMHT office. The survey question was, 'How would you rate parking area lighting at your CMHT office?'

Of those staff who had an opinion, over three in ten staff, (36%), thought that parking area lighting at their CMHT office was very poor. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**10%** (10) of staff, responding to the survey, stated: 'No opinion'

**31%** (30) of staff, responding to the survey, stated: 'Very poor'

**37%** (36) of staff, responding to the survey, stated: 'Acceptable'

**20%** (19) of staff, responding to the survey, stated: 'Good'

### 7.8b Staff Parking Area Lighting – Importance

The survey asked staff their opinion on the importance of staff parking area lighting at the CMHT office. The survey question was, 'Do you think that this issue (parking area lighting) is important for staff?'

Over nine in ten staff, (95%), agreed, or strongly agreed, that staff parking area lighting was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**1%** (1) of staff, responding to the survey, stated: 'Strongly disagree'

**3%** (3) of staff, responding to the survey, stated: 'Disagree'

**35%** (34) of staff, responding to the survey, stated: 'Agree'

**60%** (57) of staff, responding to the survey, stated: 'Strongly agree'

## 7.9. Parking Area Security

A secure parking area is desirable for several reasons, such as:

- **Security:** A secure parking area can protect staff or visitor vehicles from theft, vandalism, and other types of damage.
- **Convenience:** A secure parking area can provide peace of mind to those who leave their cars in the parking area for an extended period.
- **Recruitment:** A secure parking area can enhance the reputation of a service for staff. Staff will appreciate employment by a service if they feel that their vehicles are safe and secure.

This Spotlight Report examined if CMHT office parking areas had adequate security, such as CCTV, keypad entry or barriers. During site visits some staff stated that derelict cars were often abandoned in their parking areas for a considerable period. **Figure 12**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **67%** of CMHT offices parking areas were unsecure.
- **11%** of CMHT offices parking areas had inadequate security.
- **22%** of CMHT offices parking areas were secure.

**Figure 12: Parking Area Security at CMHT Offices in Wales.**



## Staff Survey Responses

### 7.9a Staff Parking Area Security – Risk & Safety Experience

The survey asked staff about the impact of parking area security at the CMHT office on their feelings of personal safety or risk. The survey question was, *‘Do you ever feel unsafe or at risk using the staff parking area at your CMHT office?’*.

Over two in ten staff, (29%), very often or sometimes, felt unsafe due to parking area security at their CMHT office. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**5%** (5) of staff, responding to the survey, stated: **‘Very often’**

**24%** (23) of staff, responding to the survey, stated: **‘Sometimes’**

**37%** (36) of staff, responding to the survey, stated: **‘Rarely’**

**31%** (30) of staff, responding to the survey, stated: **‘Never’**

### 7.9b Staff Parking Area Security – Satisfaction

The survey asked staff about their experience of staff parking area security at their CMHT office. The survey question was, *‘How would you rate parking area security at your CMHT office?’*.

Of those staff who had an opinion, over four in ten staff, (43%), thought that parking area security at their CMHT office was very poor. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**11%** (11) of staff, responding to the survey, stated: **‘No opinion’**

**38%** (36) of staff, responding to the survey, stated: **‘Very poor’**

**34%** (33) of staff, responding to the survey, stated: **‘Acceptable’**

**15%** (15) of staff, responding to the survey, stated: **‘Good’**

### 7.9c Staff Parking Area Security – Importance

The survey asked staff their opinion on the importance of staff parking area security at the CMHT office. The survey question was, ‘Do you think that this issue (parking area security) is important for staff?’.

Over nine in ten staff, (95%), agreed, or strongly agreed, that staff parking area security was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**3%** (3) of staff, responding to the survey, stated: ‘Strongly disagree’

**1%** (1) of staff, responding to the survey, stated: ‘Disagree’

**41%** (39) of staff, responding to the survey, stated: ‘Agree’

**54%** (52) of staff, responding to the survey, stated: ‘Strongly agree’



**95%**

agreed, or strongly agreed, that staff parking area security was an important issue for them.

### 7.10. Service User Cycle Bay

Having a cycle bay available to service users at a CMHT office is desirable for several reasons, such as:

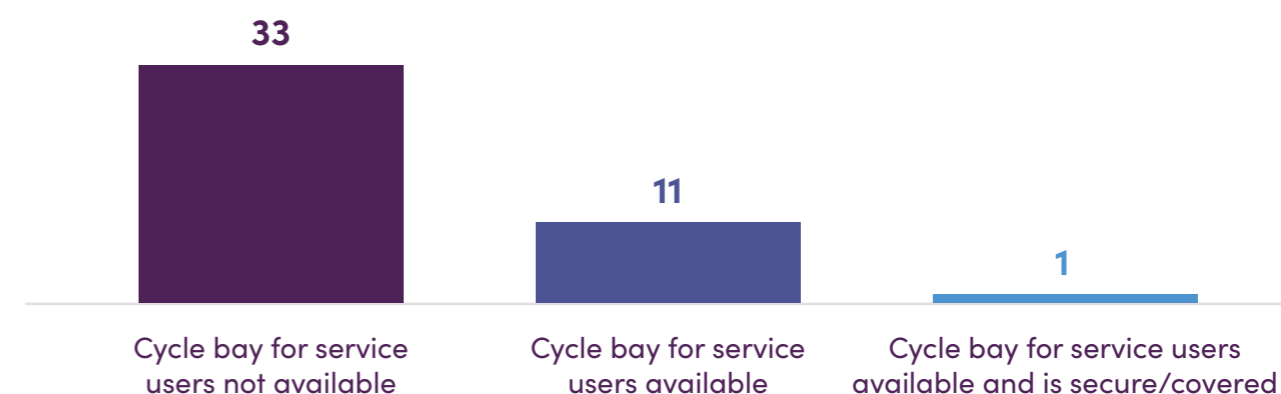
- **Health:** Having a cycle bay available encourages service users to cycle to their appointments, which promotes physical activity and can have a positive impact on their health.
- **Environmental:** Encouraging service users to cycle instead of drive to appointments can have environmental benefits by reducing the number of cars on the road and lowering carbon emissions.
- **Congestion:** With limited parking spaces available, having a cycle bay can help reduce congestion in the parking area and make it easier for service users to find parking.
- **Well-being:** Cycling can have mental health benefits by reducing stress and improving mood. Encouraging service users to cycle to appointments can support their well-being.
- **Costs:** Cycling is a cost-effective mode of transportation, and patients who cycle to appointments may save money on fuel and parking fees.

Having a secure cycle bay prevents theft and gives visitors peace of mind when they visit the CMHT. Having a covered cycle bay helps protect the cycle and cyclist from inclement weather.

This Spotlight Report examined if the CMHT office had a dedicated and covered cycle bay available for service users. **Figure 13**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **73%** of CMHT offices did not have a cycle bay available for service users.
- **24%** of CMHT offices had a cycle bay available for service users.
- **2%** of CMHT offices had a secure and covered cycle bay available for service users.

**Figure 13: Parking Areas Security at CMHT Offices in Wales.**



## 7.11. Staff Cycle Bay

Having a cycle bay available to staff at a CMHT office is desirable for several reasons, such as:

- **Health:** Cycling is a recognised way to promote physical health and well-being. It can help staff to stay active, reduce stress and anxiety, and improve their well-being.
- **Congestion:** Encouraging staff to cycle to work can also help to reduce traffic congestion around the office parking area, making it easier for other staff and visitors to access the site.
- **Costs:** Providing a cycle bay is often more cost-effective than providing additional car parking spaces, especially in areas where land is at a premium and space for parking is limited.
- **Social Responsibility:** Providing a cycle bay as part of a wider initiative to promote sustainable transport can help Health Boards to meet their corporate social responsibility goals and demonstrate their commitment to environmental sustainability.
- **Recruitment:** Having a cycle bay can enhance the reputation of a service for certain staff.

Having a secure cycle bay prevents theft and gives staff peace of mind during their working day. Having a covered cycle bay helps protect the cycle and cyclist from inclement weather.

This Spotlight Report examined if the CMHT office had a dedicated and secure cycle bay available for staff. **Figure 14**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **71%** of CMHT offices did not have a cycle bay available for staff.
- **16%** of CMHT offices had a cycle bay available for staff.
- **13%** of CMHT offices had a cycle bay available for staff, which was secure and covered.

**Figure 14: Staff Cycle Bay Availability at CMHT Offices in Wales.**



## Staff Survey Responses

### 7.11a Cycle Bay Availability – Importance

The survey asked staff their opinion on the importance of cycle bay availability at the CMHT office. The survey question was, 'Do you think that this issue (cycle bay availability) is important for staff?'

Over six in ten staff, (68%), agreed, or strongly agreed, that cycle bay availability was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**2%** (2) of staff, responding to the survey, stated: 'Strongly disagree'

**28%** (27) of staff, responding to the survey, stated: 'Disagree'

**54%** (52) of staff, responding to the survey, stated: 'Agree'

**14%** (14) of staff, responding to the survey, stated: 'Strongly agree'

### 7.11b Cycle Bay Availability – Staff Recruitment – Impact

The survey asked staff their opinion on the impact cycle bay availability may have on the recruitment and retention of staff. The survey question was, 'Do you believe that this issue (cycle bay availability) will affect the recruitment and retention of staff?'

Three in ten staff, (30%), felt that the issue of cycle bay availability would, very often, or sometimes, have an impact on staff recruitment and retention. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**2%** (2) of staff, responding to the survey, stated: 'Very often'

**28%** (27) of staff, responding to the survey, stated: 'Sometimes'

**50%** (48) of staff, responding to the survey, stated: 'Rarely'

**18%** (18) of staff, responding to the survey, stated: 'Never'



## 7.12. Electric Vehicle Charging Point for Service Users

Having an electric vehicle (EV) charging point available to service users at a CMHT office is desirable for several reasons, such as:

- **Equality:** EV's can be more accessible for service users with disabilities who may require a vehicle with specific features or accommodations. By providing an EV charging point, the CMHT can help ensure that their services are accessible to all members of the community.
- **Access:** EV's are becoming increasingly popular due to their environmental benefits and lower fuel costs. As more people transition to EV's, it is important for healthcare facilities to provide EV charging stations to ensure service users with EV's have access to charging facilities. This accessibility will ensure that service users can get to their appointments without worrying about their car battery running out of charge.
- **Sustainability:** By providing an EV charging point, the service is promoting the use of sustainable transportation options. EV's are more environmentally friendly than traditional gas-powered vehicles and can help reduce carbon emissions.
- **Encourages adoption of EV's:** Having EV charging points available encourages service users to adopt electric vehicles. This can help to reduce the carbon footprint of the CMHT, which can have a positive impact on the environment and health of the community

This Spotlight Report examined if the CMHT office had an electric vehicle charging point available to service users. **Figure 15**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **98%** of CMHT offices did not have an electric vehicle charging point available to service users.
- **2%** of CMHT offices did have an electric vehicle charging point available to service users.

**Figure 15: Service User EV Charging Point Availability at CMHT Offices in Wales.**



### 7.13. Electric Vehicle Charging Point for Staff

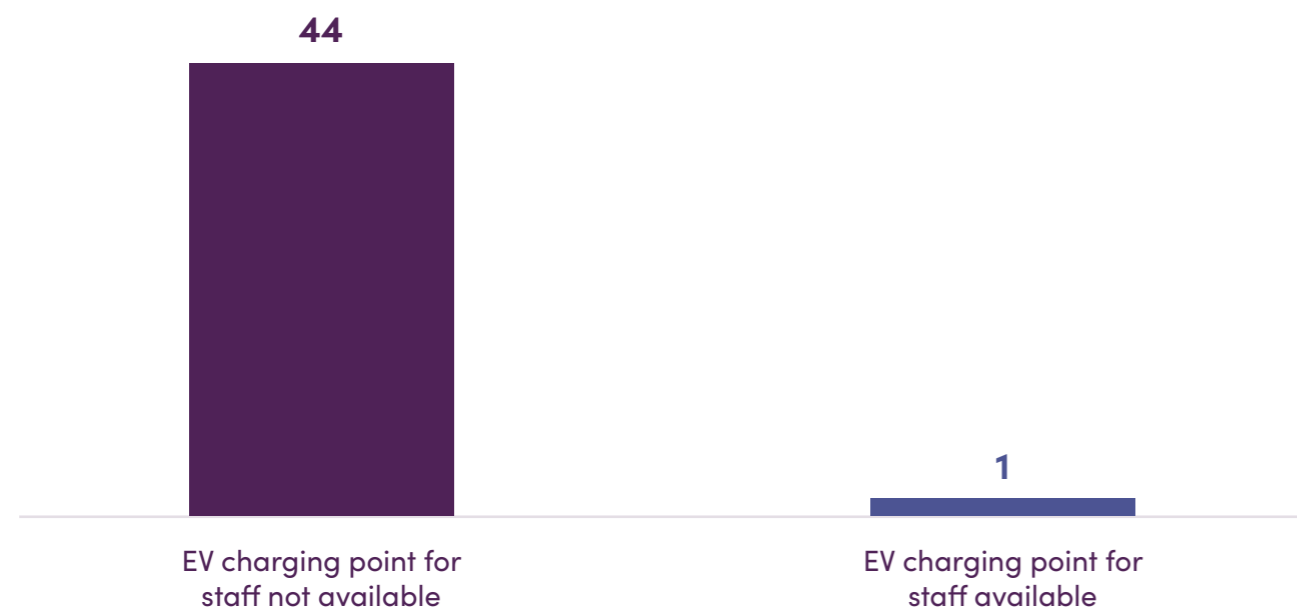
Having an electric vehicle charging point available to staff at a CMHT office is desirable for several reasons, such as:

- **Equality:** Electric vehicles (EV) can be more accessible for staff with disabilities who may require a vehicle with specific features or accommodations. By providing an electric vehicle charging point, the CMHT can help ensure that they can recruit and retain staff with disabilities.
- **Sustainability:** By providing an EV charging point, the service is promoting the use of sustainable transportation options. EV's are more environmentally friendly than traditional gas-powered vehicles and can help reduce carbon emissions.
- **Well-being:** For staff who have an EV, providing a EV charging point can help alleviate any anxiety or stress related to running out of charge while working.
- **Encourages adoption of EV's:** Having EV charging points available encourages staff to adopt electric vehicles. This can help to reduce the carbon footprint of the CMHT, which can have a positive impact on the environment and health of the community.

This Spotlight Report examined if the CMHT office had an electric vehicle charging point available to staff. **Figure 16**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **98%** of CMHT offices did not have an electric vehicle charging point available to service users.
- **2%** of CMHT offices did have an electric vehicle charging point available to service users.

**Figure 16: Staff EV Charging Point Availability at CMHT Offices in Wales.**



## Staff Survey Responses

### 7.13a Electric Vehicle Charging Point Availability – Importance

The survey asked staff their opinion on the importance of electric vehicle charging point availability at the CMHT office. The survey question was, 'Do you think that this issue (electric vehicle charging point availability) is important for staff?'

Over seven in ten staff, (78%), agreed, or strongly agreed, that electric vehicle charging point availability was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**3%** (3) of staff, responding to the survey, stated: 'Strongly disagree'

**17%** (17) of staff, responding to the survey, stated: 'Disagree'

**63%** (60) of staff, responding to the survey, stated: 'Agree'

**15%** (15) of staff, responding to the survey, stated: 'Strongly agree'

### 7.13b Electric Vehicle Charging Point – Staff Recruitment – Impact

The survey asked staff their opinion on the impact electric vehicle charging point may have on the recruitment and retention of staff. The survey question was, 'Do you believe that this issue (electric vehicle charging point availability) will affect the recruitment and retention of staff?'

Four in ten staff, (40%), felt that the issue of electric vehicle charging point would, very often, or sometimes, have an impact on staff recruitment and retention. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**5%** (5) of staff, responding to the survey, stated: 'Very often'

**35%** (33) of staff, responding to the survey, stated: 'Sometimes'

**48%** (46) of staff, responding to the survey, stated: 'Rarely'

**10%** (10) of staff, responding to the survey, stated: 'Never'

## 8. External Areas

This section explores if the external areas of the CMHT office are fit for purpose, and well maintained.

### 8.1. Entrance Door

It is essential that the entrance door to the CMHT office is well maintained and functioning properly for several reasons, such as:

- **Safety:** A well-maintained entrance door is crucial for the safety and security of individuals. A damaged or broken door can pose a risk to both staff and service users by allowing unauthorised access or hindering an escape route during an emergency.
- **Professionalism:** Having an entrance door in a good state of repair demonstrates that the staff are taking care of the facility, which can foster a sense of trust and confidence among service users and their families.
- **Experience:** A welcoming entrance to a CMHT can help create a positive first impression and help create a sense of comfort for service users. This can be especially important for those who may be feeling anxious or uncertain about seeking help.

This Spotlight Report examined if the CMHT office service users entrance door was in a poor state of repair with holes/broken glass/pieces missing or in a good state of repair. During site visits it was noted that several CMHT offices had entrance doors that were either difficult to open or had broken locks. **Figure 17**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **20%** of CMHT office entrance doors were in a poor state of repair.
- **80%** of CMHT office entrance doors were in a good state of repair.

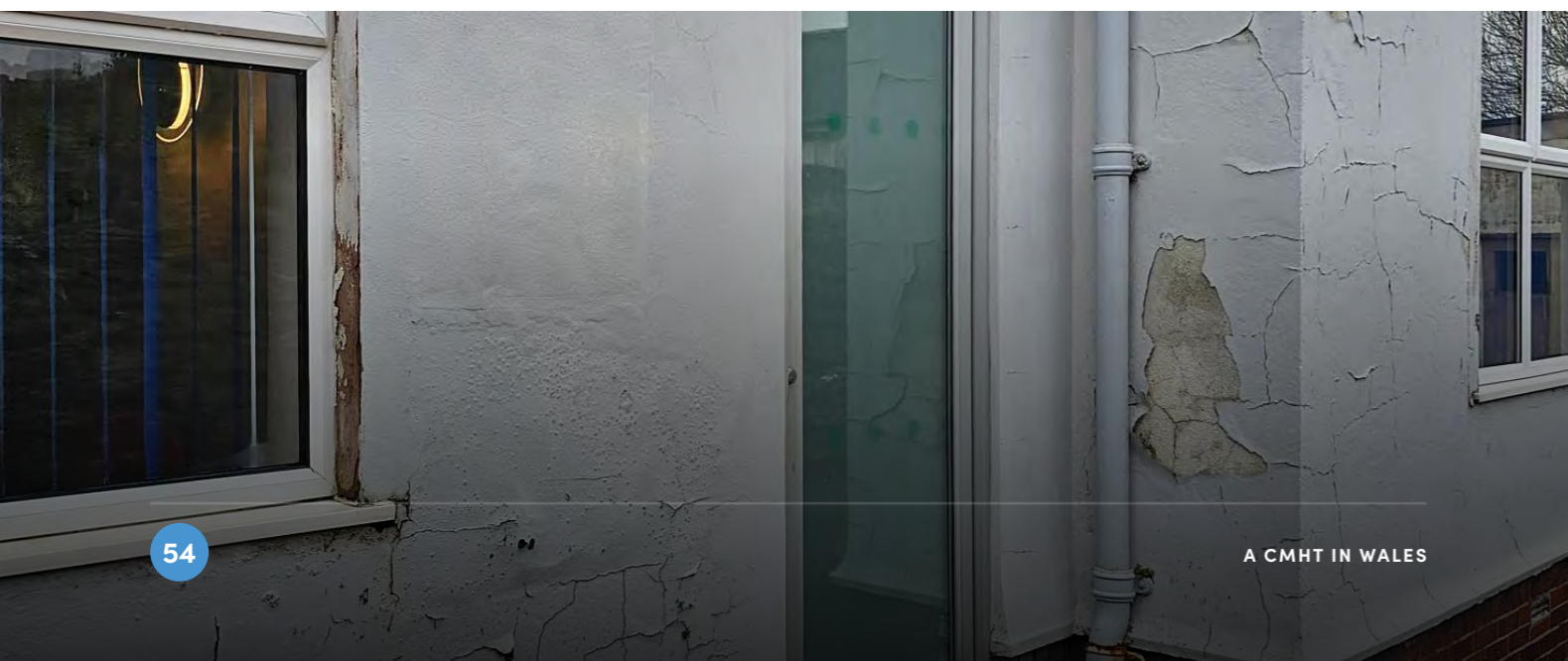


Figure 17: External Entrance Doors of CMHT Offices in Wales.



### 8.2. Entrance Door Area Cleanliness

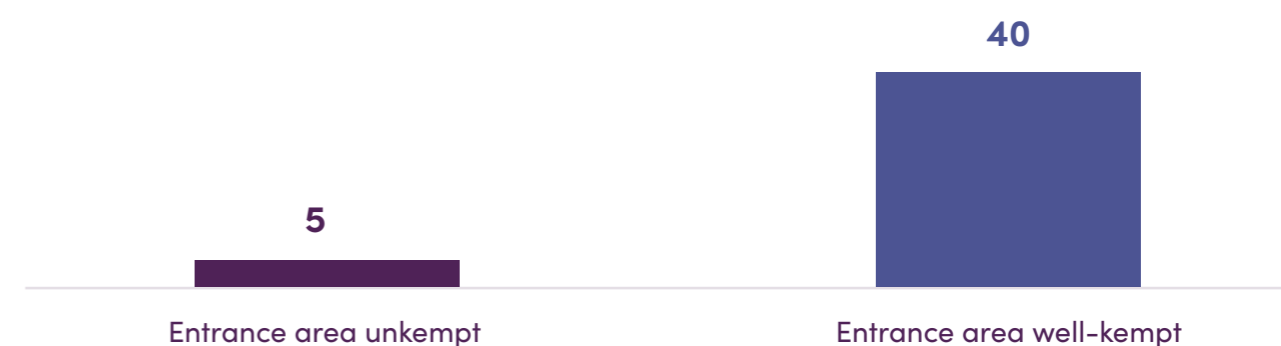
A clean and well-kept CMHT office entrance door area is essential, for several reasons, such as:

- **Welcoming:** A clean entrance creates a welcoming environment that puts people at ease and sends a message to visitors that the CMHT takes pride in their facility.
- **Safety:** A clean entrance promotes safety and hygiene, as it reduces the risk of accidents and the spread of germs and illnesses.
- **Reputation:** A clean entrance reflects positively on the Health Board as a whole. It shows that the CMHT are professional and committed to providing high-quality care.

This Spotlight Report examined if the CMHT office service user entrance areas were unkempt, with profuse litter and discarded cigarettes ends, or well kempt. **Figure 18**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **11%** of CMHT office entrance areas were unkempt.
- **89%** of CMHT office entrance areas were well kempt.

Figure 18: External Entrance Areas of CMHT Offices in Wales.



### 8.3. Entrance Area Lighting

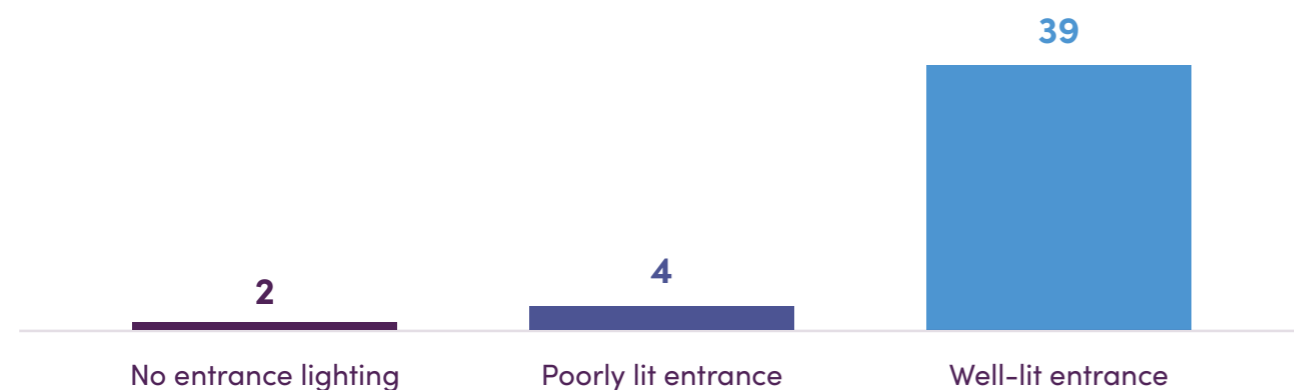
A well-lit CMHT office entrance area is essential for several reasons, such as:

- **Safety:** A well-lit entrance allows individuals to clearly see their surroundings, minimising the risk of accidents, such as tripping, or falling.
- **Security:** A well-lit entrance deters criminal activity and provides a sense of security, making people feel more comfortable when entering or leaving the premises.
- **Access:** Clear visibility helps service users with visual impairments or other disabilities navigate the entrance area easily, identify signage, and locate important information or directions.
- **Welcoming:** A well-lit entrance creates a welcoming and inviting atmosphere. It signals to service users that the CMHT office is open, approachable, and concerned about their comfort.
- **Navigation:** Proper lighting assists in highlighting signage, directional information, and office names or numbers. This helps service users find the CMHT office more easily, especially if they are new to the location or feeling distressed. Clear visibility of signs and directions reduces confusion, anxiety, and the potential for missed appointments or delays.

This Spotlight Report examined if the CMHT office entrance area was well-lit. During the site visit to one CMHT office, staff stated that the office entrance was so dark in the winter months that they have had to shine their car headlights at the entrance door to lock the office at the end of the working day. **Figure 19**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **4%** of CMHT office entrance areas were unlit.
- **9%** of CMHT office entrance areas were poorly lit.
- **87%** of CMHT office entrance area were well-lit.

**Figure 19: Entrance Lighting at CMHT Offices in Wales.**



### 8.4. External Area Cleanliness

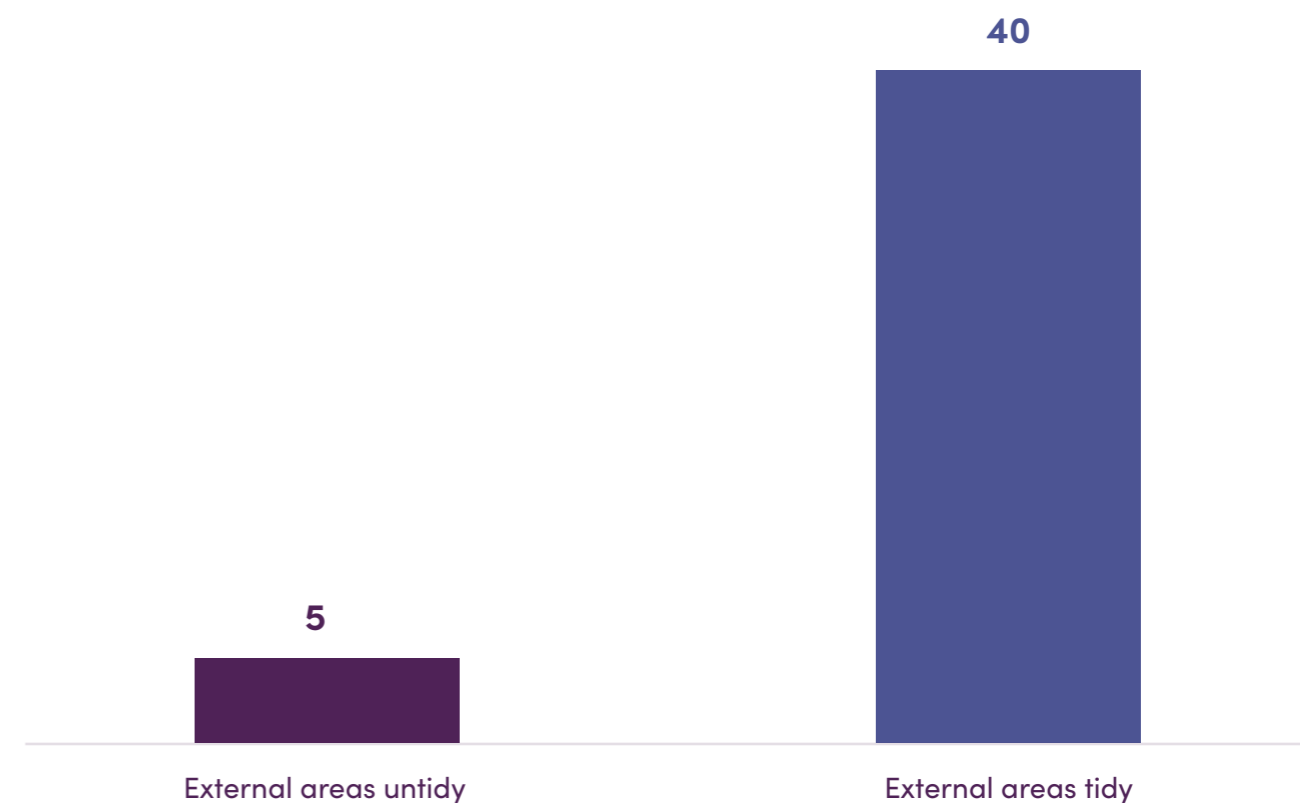
Keeping external areas of a CMHT office tidy and clean is desirable for several reasons, such as:

- **Safety:** A clean and tidy external area can prevent accidents and injuries such as trips or falls.
- **Health:** A clean and tidy external area can prevent the spread of germs and diseases.
- **Professionalism:** A clean and tidy external area can contribute to the professional image of the CMHT. It can make a good impression on service users and visitors.
- **Experience:** A clean and tidy external area can make service users feel more comfortable and at ease when visiting the CMHT. It can help create a welcoming and calming environment, which is particularly important for individuals dealing with mental health issues.

This Spotlight Report examined if the CMHT external area of the office building was tidy, or untidy with litter present. **Figure 20**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **11%** of CMHT office external areas were untidy with litter present.
- **89%** of CMHT office external areas were tidy.

**Figure 20: Cleanliness of External Areas of CMHT Offices in Wales.**



## 8.5. Doors/Windows Framing (not entrance)

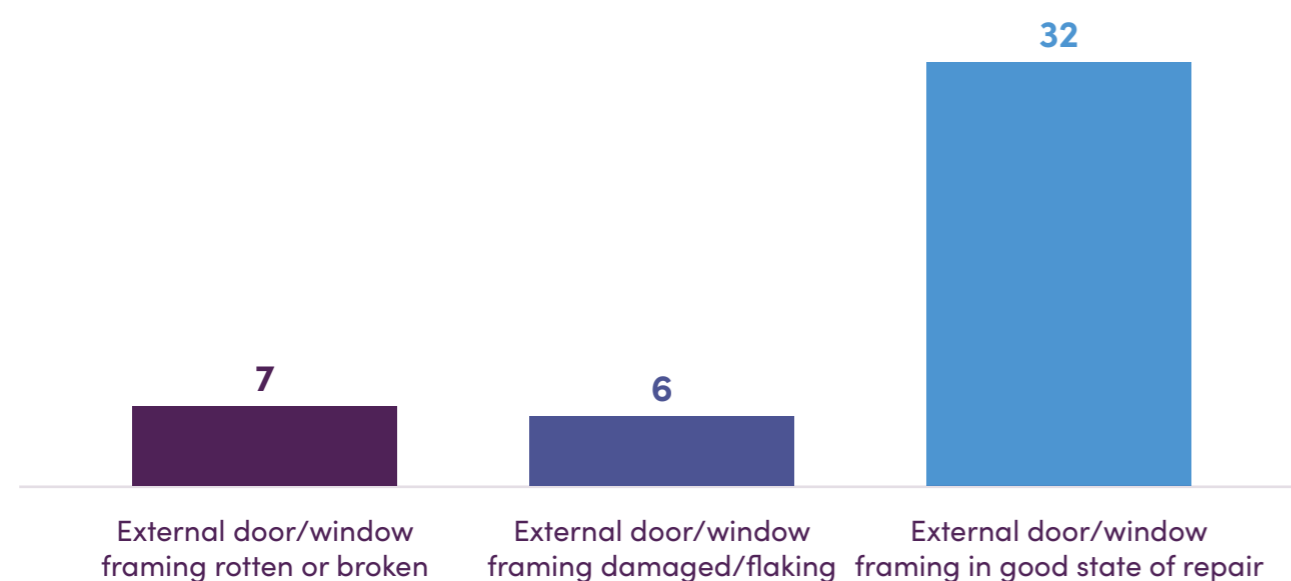
It is essential that CMHT office doors and windows framing be well maintained and functioning properly, for several reasons, such as:

- **Safety:** Well-maintained doors and windows framing is crucial for the safety and security of individuals. Doors that are damaged or broken can pose a risk, to both staff and service users, by allowing unauthorised access or hindering the escape route during an emergency.
- **Professionalism:** Having doors and windows framing in a good state of repair demonstrates that the staff are taking care of the facility, which can foster a sense of trust and confidence among service users and carers.
- **Experience:** The physical appearance of a building can have a significant impact on a person’s mental well-being. Entering a building with damaged doors or windows framing can create a negative impression and increase feelings of anxiety or stress.

This Spotlight Report examined if some of the external doors/windows framing of the CMHT office building was rotten/broken, had water damage/chipping/flaking or were in a good state of repair. **Figure 21**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **16%** of CMHT offices had some external doors/windows framing that was rotten/broken.
- **13%** of CMHT offices had some external doors/windows framing that had water damage/chipping/flaking.
- **71%** of CMHT offices had external doors/windows framing that was in a good state of repair.

**Figure 21: External Doors/Windows of CMHT Offices in Wales.**



## 8.6. Guttering

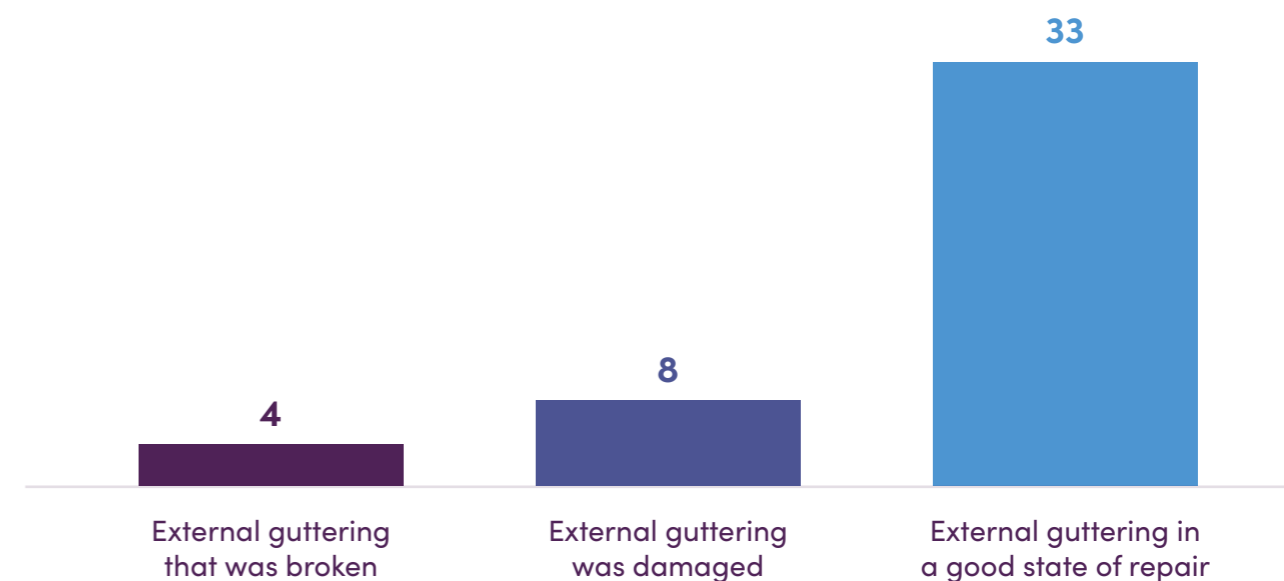
It is essential that the guttering of a CMHT office be well maintained for several reasons, such as:

- **Cost/disruption:** Damaged or blocked guttering can cause water damage to the building’s structure, which can lead to costly repairs and potential health and safety hazards. This can also result in disruption to the services provided, such as the closure of certain areas of the building due to required repairs.
- **Professionalism:** Poorly maintained buildings can negatively affect the morale and well-being of staff and service users. A building that appears neglected or run-down can create a negative atmosphere and affect the perception of the quality of care provided.
- **Experience:** A well-maintained building can demonstrate to service users and staff that the organisation values their health and well-being. It can also improve the overall image of the service and create a positive impression in the local community.

This Spotlight Report examined if some of the visible external guttering of the CMHT office building was broken, had visible damage, or was in a good state of repair. During site visits we noted that, of the 4 CMHT offices with broken guttering, all had internal damage from damp. **Figure 22**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **9%** of CMHT offices had some external guttering that was broken.
- **18%** of CMHT offices had some external guttering that had visible damage.
- **73%** of CMHT offices had external guttering that was in a good state of repair.

**Figure 22: External Guttering CMHT Offices in Wales.**



## 8.7. External Walls

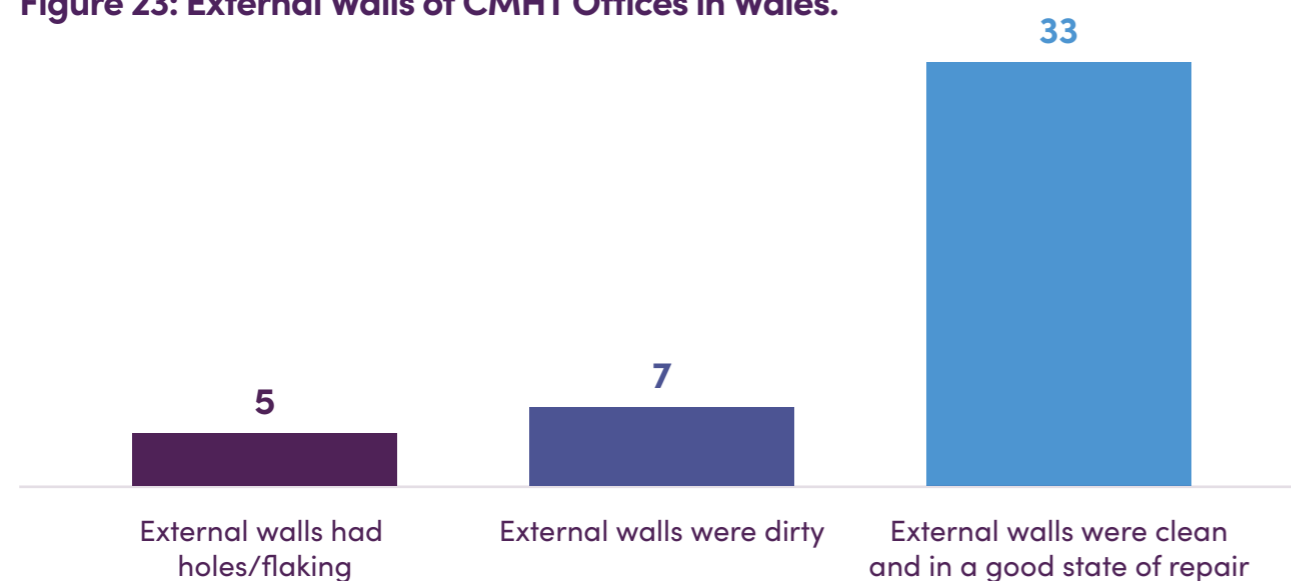
It is essential that the external walls of a CMHT office building are in a good state of repair for several reasons, such as:

- **Safety:** External walls help protect the interior of the building from weather and other external factors that could cause damage, such as moisture or pests.
- **Health:** A building that is in disrepair can negatively affect the mental health of those who use it. For example, if the external walls are damaged or deteriorating, it could make the building feel unsafe or uninviting, which could increase anxiety or stress for staff and service users.
- **Experience:** The condition of a building can also affect the perception of the community towards mental health services.
- **Professionalism:** A well-maintained building with walls in a good state of repair can help convey a sense of professionalism and care, which could increase trust and engagement with mental health services.

This Spotlight Report examined if the external walls of the CMHT office building were clean or if they were dirty, with visible holes, flaking stone etc. During site visits staff in several CMHT offices stated that they had been reporting damage to the outside of the building for several years. **Figure 23**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **11%** of CMHT offices walls had holes, flaking stone etc.
- **16%** of CMHT office walls were dirty.
- **73%** of CMHT office walls were clean and in good state of repair.

**Figure 23: External Walls of CMHT Offices in Wales.**



## 8.8. Gardens

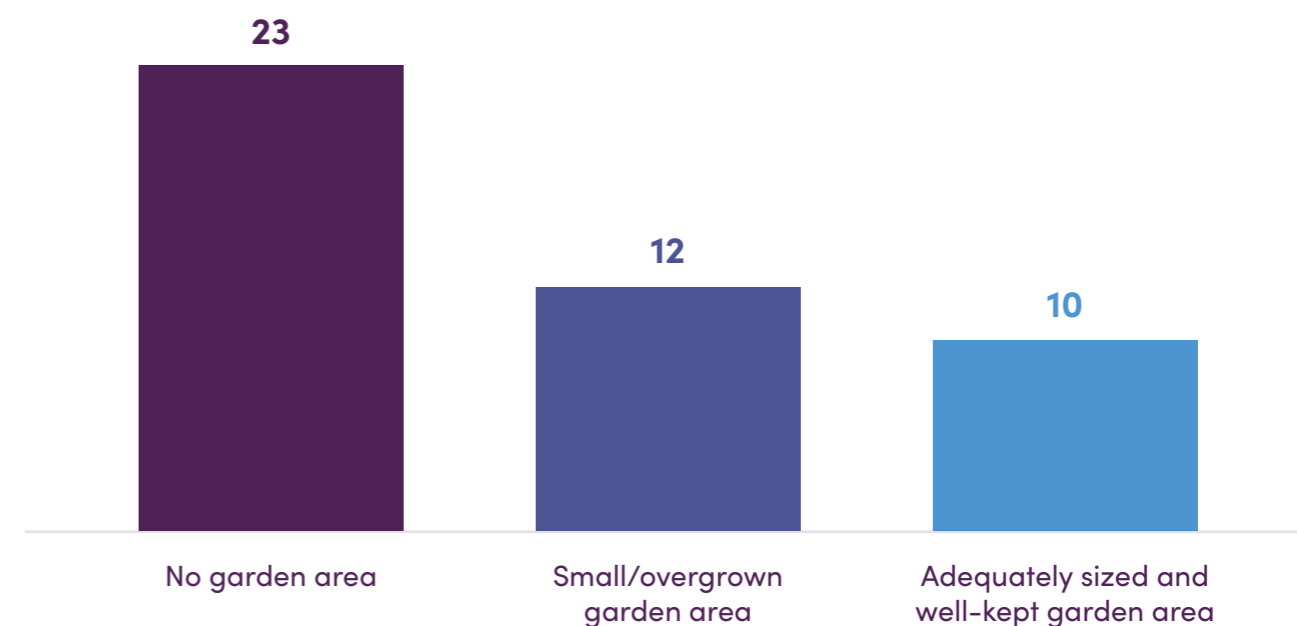
Whether or not a CMHT office has a garden area will depend on available space and resources, however, where possible it is desirable to create and maintain a garden for several reasons, such as:

- **Therapeutic benefits:** Spending time in nature can reduce stress and improve the mood of staff and service users. Gardening can be a therapeutic activity to improve mental health and well-being and service users could engage in gardening activities as part of their treatment plan.
- **Aesthetics:** A garden could improve the overall aesthetics of the CMHT office and provide a pleasant environment for service users, visitors, staff and the wider community.

This Spotlight Report examined if the CMHT office building had a garden, and whether it was small/overgrown or well-kept. **Figure 24**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **51%** of CMHT offices had no garden area.
- **27%** of CMHT offices had a small/overgrown garden.
- **22%** of CMHT offices had a well-kept garden.

**Figure 24: Garden Areas of CMHT Offices in Wales.**



## 9. Internal Areas

This section explores if the internal areas of the CMHT office were fit for purpose and well-maintained.

### 9.1. Internal Damp/Flooding

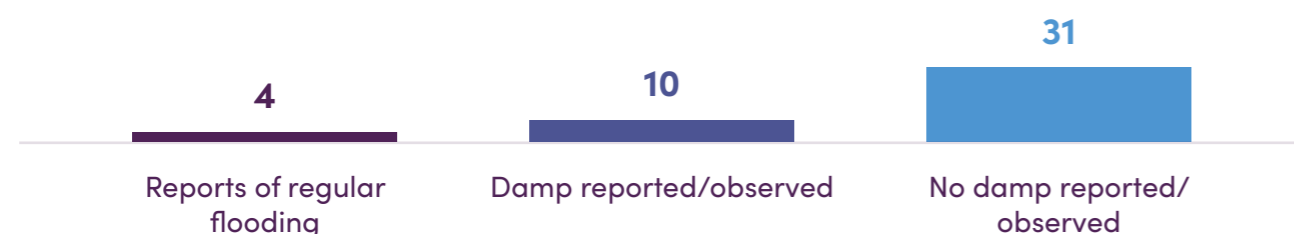
Damp in a CMHT office can have effect the health and well-being of staff and service users, and it is essential the causes and consequences of damp are addressed for several reasons, such as:

- **Health:** Damp can lead to the growth of mold and mildew, which can trigger respiratory problems, such as asthma or allergies. Exposure to mold and mildew can also cause skin irritation, eye irritation, and headaches.
- **Productivity:** Damp or flooding can create an uncomfortable and unpleasant environment that can affect staff productivity and morale. It can also damage equipment and supplies, making it difficult for staff to carry out their work effectively.
- **Comfort:** Service users who visit the CMHT office may be in a vulnerable state, and a damp environment can be distressing and exacerbate their mental health symptoms. A dry and comfortable environment supports their well-being and recovery.
- **Recruitment:** It will not aid recruitment of new staff or retention of existing staff to have visible damp or regular flooding of their workspace.

This Spotlight Report examined if flooding occurs in the CMHT office building, if damp was reported/observed, or if no damp was reported/observed. During one site visit staff stated their clothes smelt of damp when going home. **Figure 25**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **9%** of CMHT offices were flooded or staff reported regular flooding.
- **22%** of CMHT offices had reported/observed damp.
- **69%** of CMHT offices had no reported/observed damp.

**Figure 25: Damp/Flooding in CMHT Offices in Wales.**



### 9.2. Odour

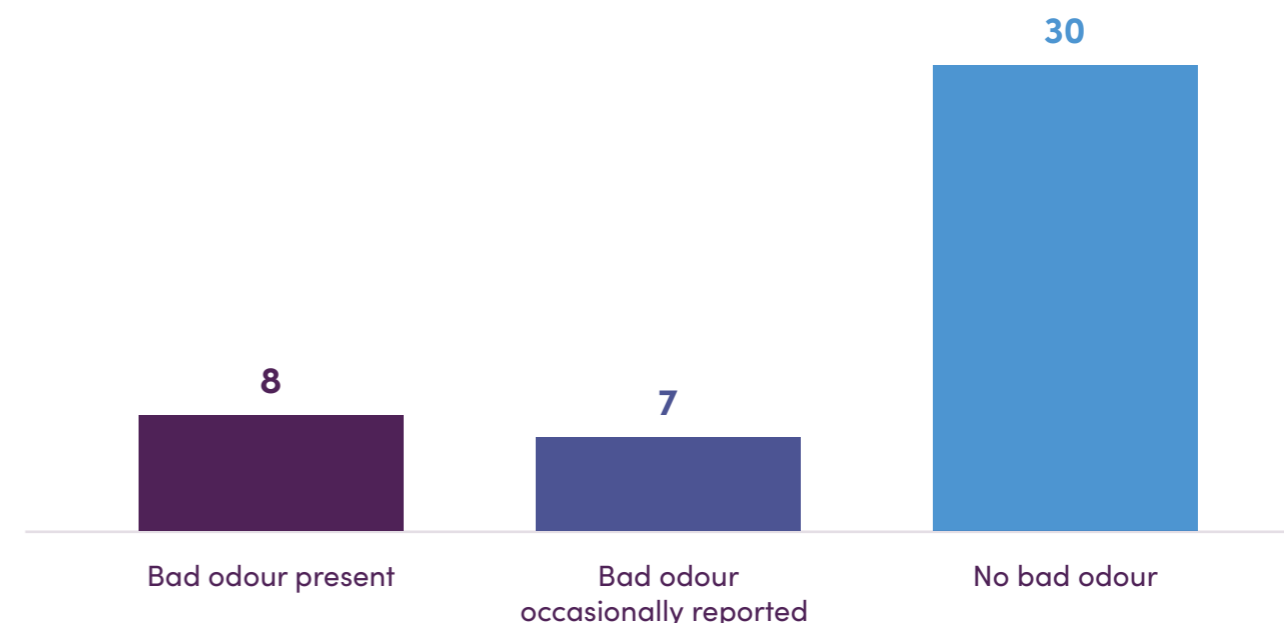
It is essential that a CMHT office should not have a bad odour, for several reasons, such as:

- **Health:** Bad odours can be an indicator of mold, mildew, or other environmental issues that can pose health risks to staff and service users. This can be particularly problematic for those with respiratory issues or allergies.
- **Professionalism:** A bad odour in a CMHT office can create an unprofessional and unwelcoming environment for both staff and service users. It can give the impression that the office is poorly maintained, which can negatively affect the credibility of the service.
- **Comfort:** A bad odour can make people feel uncomfortable and even nauseous, which can be particularly challenging for those who are already struggling with mental health issues. This can make it difficult for service users to focus on their treatment and care.

This Spotlight Report examined if internal areas of the CMHT office building had a bad odour present, whether a bad odour was occasionally reported or if no bad odour was present or reported. During a few site visits staff reported malodorous sewage smells emanating from drain areas. **Figure 26**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **18%** of CMHT offices had a bad odour.
- **16%** of CMHT offices had a bad odour reported occasionally.
- **67%** of CMHT offices did not have a bad odour.

**Figure 26: Odour in CMHT Offices in Wales.**



### 9.3. Internal Lighting

It is essential that a CMHT office is well-lit, for several reasons, such as:

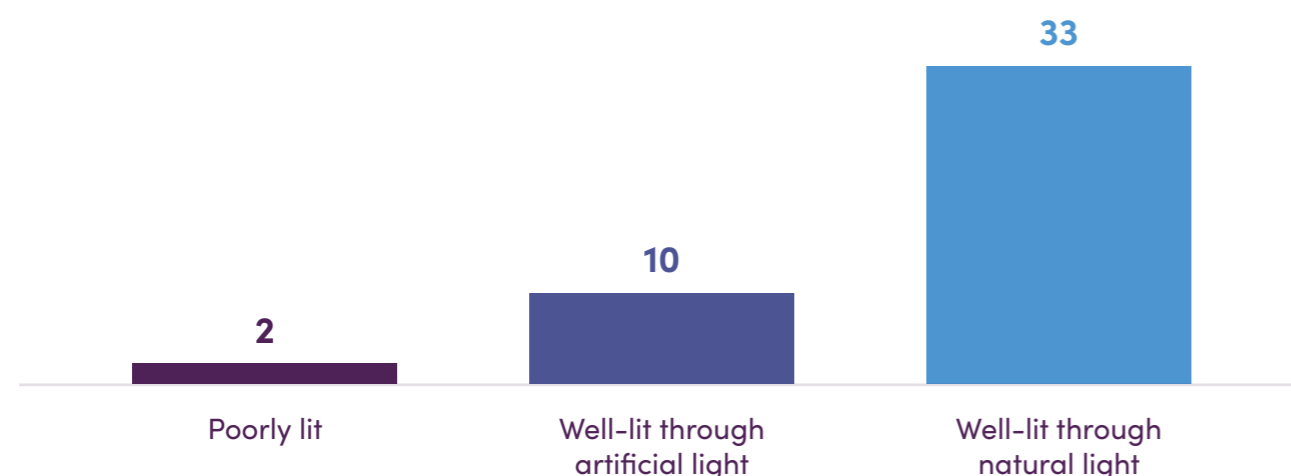
- **Productivity:** A well-lit CMHT office promotes alertness and productivity. Adequate lighting can help staff and service users stay focused and energised throughout the day.
- **Mood:** Lighting has a significant impact on mood, and a well-lit space can help to create a positive and welcoming atmosphere and make people feel more comfortable.
- **Safety:** Adequate lighting can help to prevent accidents and promote safety in the workplace. Well-lit areas allow staff and visitors to move around freely and avoid potential hazards.
- **Health:** Poor lighting can cause eyestrain and headaches, which can be particularly problematic for staff who spend long hours working in front of a computer. Adequate lighting can help to reduce eyestrain and improve overall comfort and well-being.

The use of natural light can improve mood and alleviate symptoms of depression and anxiety. It also improves regulation of the circadian rhythm, as adequate sunlight during the day can help individuals sleep better at night and improve their overall well-being.

This Spotlight Report examined if the internal areas of the CMHT office building was poorly lit, was well lit artificially, or was well-lit with plenty of natural light. **Figure 27**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **4%** of CMHT offices were poorly lit.
- **22%** of CMHT offices was well-lit using artificial light.
- **73%** of CMHT offices was well-lit with plenty of natural light.

**Figure 27: Internal Lighting of CMHT Offices in Wales.**



### 9.4. Internal Flooring

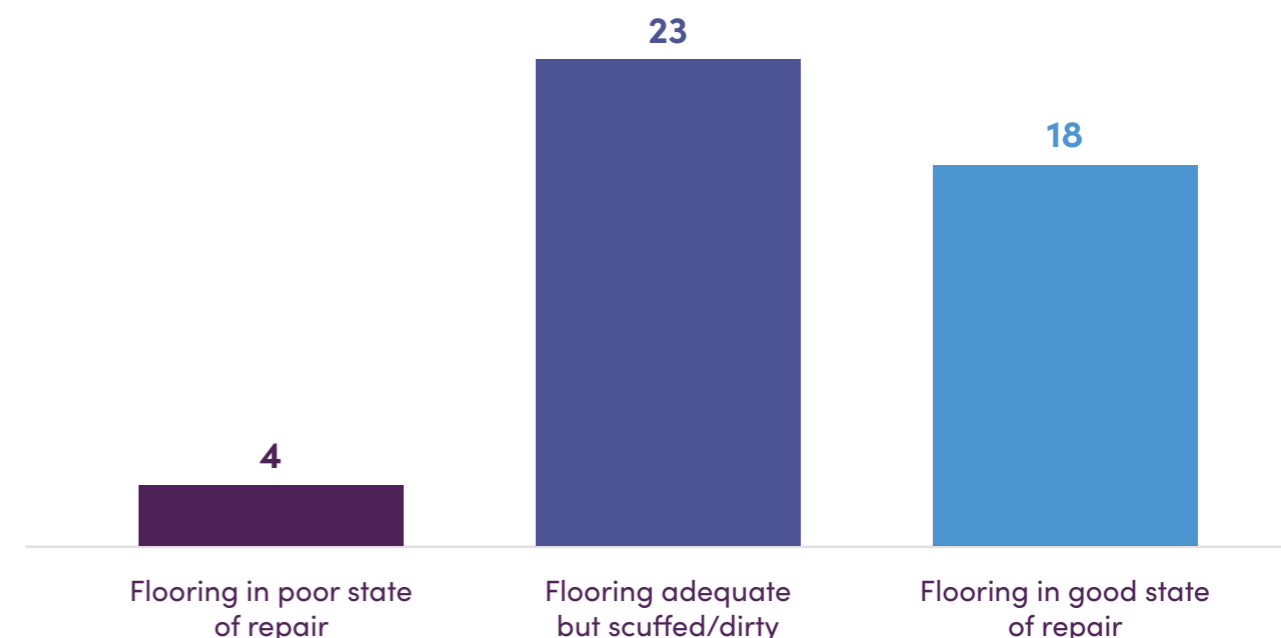
It is essential that a CMHT office should not have flooring in a poor state of repair, for several reasons, such as:

- **Safety:** Flooring with holes can pose a trip and fall hazard for individuals, especially those with balance or coordination issues.
- **Hygiene:** Holes in flooring can trap dirt, dust, and other particles that can be difficult to clean. This could lead to poor hygiene, which could negatively impact the health and well-being of individuals who use the space.
- **Experience:** Holes in carpets can be unsightly and could negatively affect the perception of the community about the service.

This Spotlight Report examined if the flooring in the internal areas of the CMHT office building was in a poor state of repair with holes, was adequate but dirty/stained/scuffed, or was in a good state of repair. **Figure 28**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **9%** of CMHT office flooring was in a poor state of repair.
- **51%** of CMHT office flooring was adequate but dirty/scuffed.
- **40%** of CMHT office flooring was in a good state of repair.

**Figure 28: Internal Flooring of CMHT Offices in Wales.**



## 9.5. Internal Walls

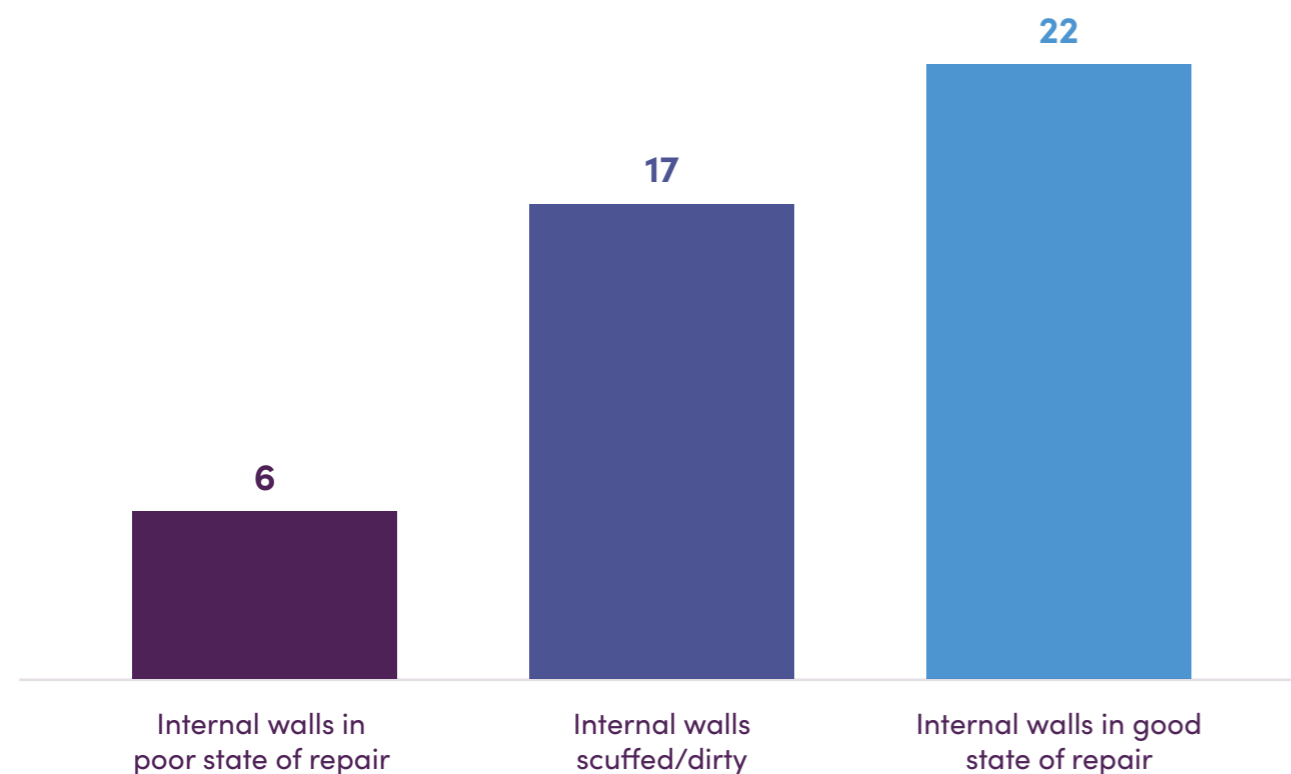
It is essential that a CMHT office should not have walls in a poor state of repair, for several reasons, such as:

- **Safety:** Walls in a poor state of repair could pose a safety risk to staff and service users. If walls are unstable, or in danger of collapsing, this could lead to injury or even death.
- **Health:** Walls in a poor state of repair could be a breeding ground for mold and other environmental hazards that can negatively impact the health of staff and service users.
- **Experience:** CMHT office walls in a poor state of repair could negatively affect the perception of the community about the service.

This Spotlight Report examined if the walls, in the internal areas of the CMHT office, were in a poor state of repair with holes, were adequate but dirty/stained/scuffed or were in a good state of repair. **Figure 29**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **13%** of CMHT office walls were in a poor state of repair.
- **38%** of CMHT office walls were adequate but dirty/scuffed.
- **49%** of CMHT office walls were in a good state of repair.

**Figure 29: Internal Walls of CMHT Offices in Wales.**



## 9.6. Internal Ceilings

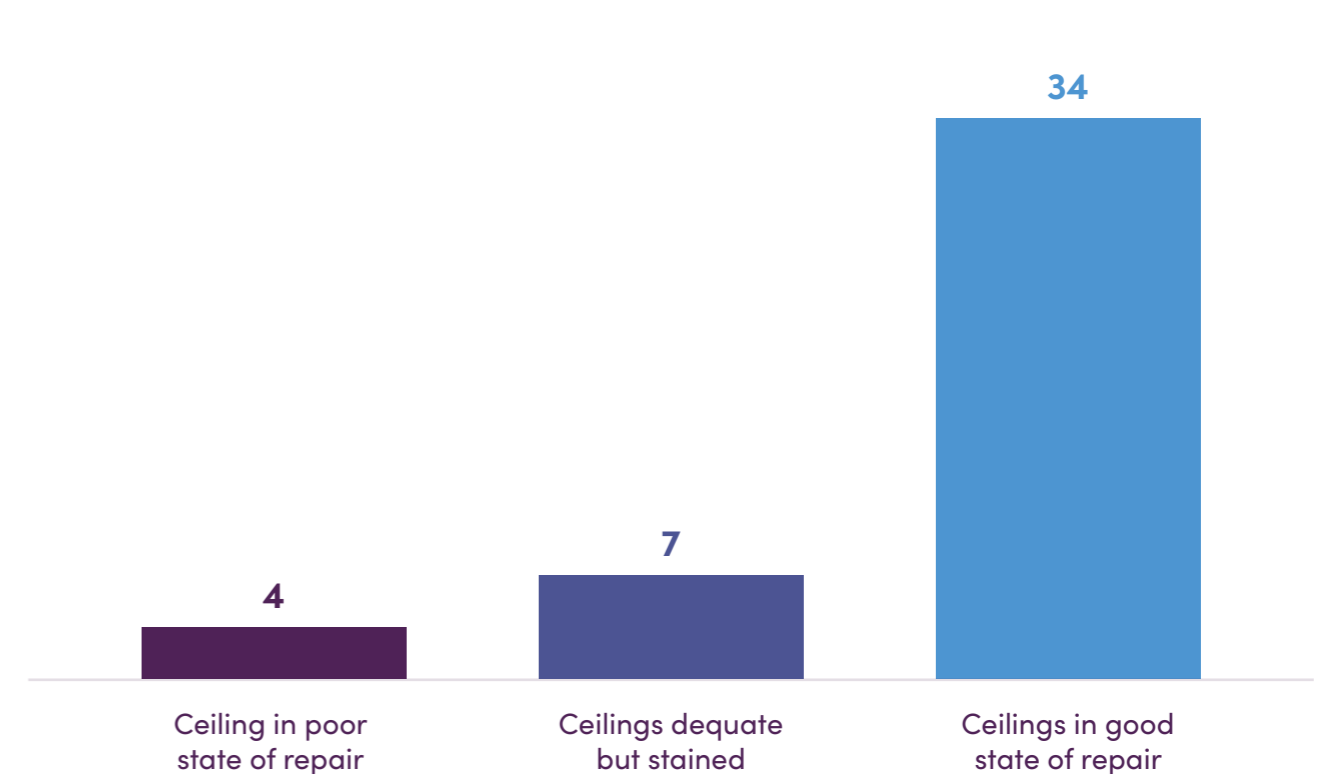
It is essential that a CMHT office should not have ceilings in a poor state of repair for several reasons, such as:

- **Safety:** Ceilings in poor repair could pose a safety risk to staff and service users. If the ceiling is damaged or falling apart, it may collapse and cause injury.
- **Health:** Poorly maintained ceilings could be a breeding ground for mold and other environmental hazards that can negatively affect the health of staff and service users.
- **Experience:** Ceilings in the CMHT office in a poor state of repair could negatively affect the perception of the community about the service.

This Spotlight Report examined if the ceilings in the internal areas of the CMHT office building were in a poor state of repair with holes, were adequate but stained or were in a good state of repair. **Figure 30**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **9%** of CMHT office ceilings were in a poor state of repair.
- **16%** of CMHT office ceilings were adequate but stained.
- **76%** of CMHT office ceilings were in a good state of repair.

**Figure 30: Ceilings of CMHT Offices in Wales.**



## 10. Experience, Privacy & Dignity

This section explores if the design and state of the CMHT office promoted a positive service user experience, supported those with specific needs and protected their privacy and dignity.

### 10.1. Wi-Fi Access

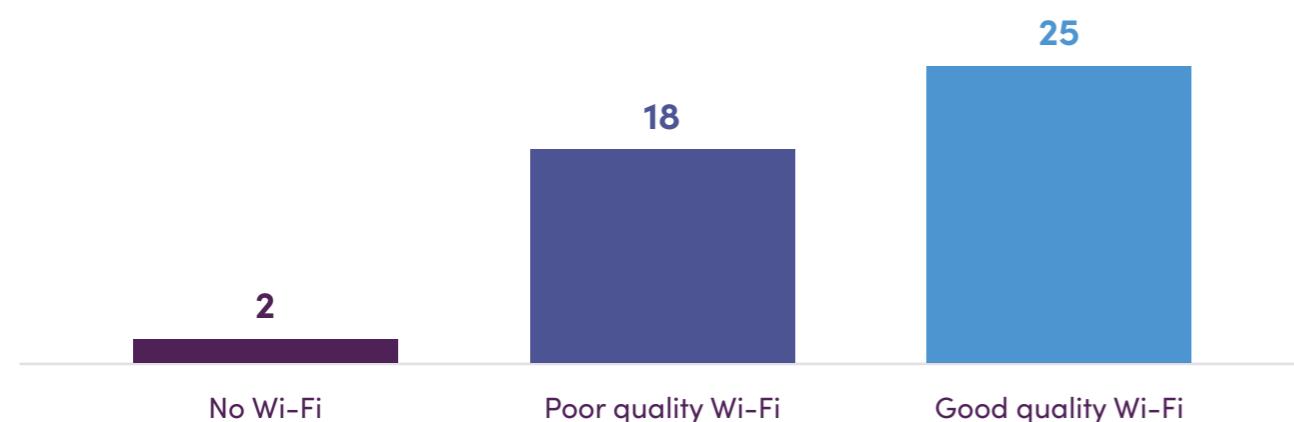
Wi-Fi is a technology that provides wireless high-speed internet access. It is desirable that a CMHT office should have reliable and good quality Wi-Fi for several reasons, such as:

- **Efficiency:** Wi-Fi can allow staff to access electronic health records and other important information quickly and easily, which can improve the efficiency of their work. Additionally, it can enable them to communicate easier with other professionals and partner organisations especially in areas of poor connectivity.
- **Support:** Wi-Fi in the office can allow service users to access resources online that may be helpful for their mental health, such as language support, virtual sign language, educational materials or support groups. It can also facilitate telehealth appointments, which can be a useful tool for providing mental health services remotely.

This Spotlight Report examined if the CMHT office building facilitated a Wi-Fi connection and the quality of that connection. **Figure 31**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **4%** of CMHT offices had no Wi-Fi connection.
- **40%** of CMHT offices had Wi-Fi connection of poor quality.
- **56%** of CMHT offices had a Wi-Fi connection of good quality.

**Figure 31: CMHT Offices Wi-Fi Connection in Wales.**



## Staff Survey Responses

### 10.1a Wi-Fi – Satisfaction

The survey asked staff about their experience of Wi-Fi availability at their CMHT office. The survey question was, 'How would you rate Wi-Fi access at your CMHT office?'

Of those who had an opinion, over two in ten staff, (29%), thought that Wi-Fi availability at their CMHT office was very poor. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**4%** (4) of staff, responding to the survey, stated: '**No opinion**'

**27%** (26) of staff, responding to the survey, stated: '**Poor**'

**47%** (45) of staff, responding to the survey, stated: '**Acceptable**'

**21%** (20) of staff, responding to the survey, stated: '**Good**'

### 10.1b Wi-Fi – Importance

The survey asked staff their opinion on the importance of Wi-Fi availability at the CMHT office. The survey question was, 'Do you think that this issue (Wi-Fi availability) is important for staff?'

Over nine in ten staff, (97%), agreed, or strongly agreed, that Wi-Fi availability was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**2%** (2) of staff, responding to the survey, stated: '**Strongly disagree**'

**0%** (0) of staff, responding to the survey, stated: '**Disagree**'

**30%** (29) of staff, responding to the survey, stated: '**Agree**'

**67%** (63) of staff, responding to the survey, stated: '**Strongly agree**'

## 10.2. Temperature Control

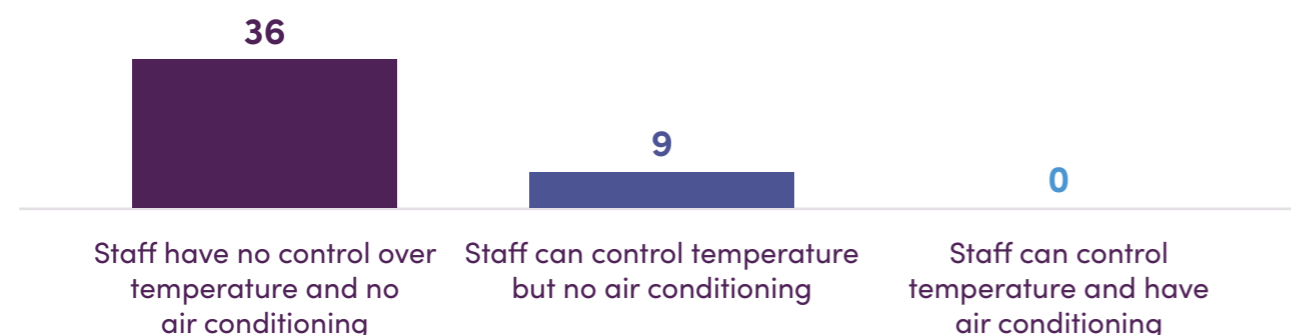
In many health settings, control over temperature is from a central control point and this may, or may not, result in a comfortable temperature at all times. It is desirable that CMHT offices are able to maintain a comfortable ambient temperature for several reasons, such as:

- **Comfort:** A comfortable temperature can promote a sense of physical comfort, which can contribute to a feeling of relaxation and ease. Extreme temperatures, whether too hot or too cold, can be distracting and interfere with concentration. A good ambient temperature can help staff to stay focused on their work, which can improve the quality of care they provide.
- **Mood:** Temperature can affect mood, and an ambient temperature can help promote a positive mood among mental health professionals and service users, which can lead to more positive interactions and outcomes.
- **Physical health:** Extreme temperatures can have negative effects on physical health, such as dehydration, heat exhaustion, or hypothermia. By maintaining an optimal temperature, the CMHT office can ensure the physical well-being of staff and service users.

This Spotlight Report examined if CMHT office staff had control over the office temperature and/or had air conditioning. During site visits a common complaint from staff was that it was uncomfortably hot in summer and cold in winter as there is no control over the office temperature. A number of CMHTs have had their heating switched off for various reasons and are waiting for the issues to be resolved. In one CMHT office staff stated that the heating was switched off ‘a number of years ago’ due to ‘old asbestos pipes’ and were using fan heaters as remedial work had yet to commence. **Figure 32**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **80%** of CMHT office staff had no control over temperature and no air conditioning.
- **20%** of CMHT office staff had control over temperature but no air conditioning.
- **0%** of CMHT office staff had control over temperature and air conditioning.

**Figure 32: Temperature Control CMHT Offices in Wales.**



## Staff Survey Responses

### 10.2a Temperature – Satisfaction

The survey asked staff about their experience of the temperature control at their CMHT office. The survey question was, ‘How would you rate temperature control at your CMHT office?’.

Of those who had an opinion, over four in ten staff, (47%), thought that temperature control at their CMHT office was very poor. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**1%** (1) of staff, responding to the survey, stated: ‘No opinion’

**46%** (44) of staff, responding to the survey, stated: ‘Poor’

**38%** (37) of staff, responding to the survey, stated: ‘Acceptable’

**13%** (13) of staff, responding to the survey, stated: ‘Good’

### 10.2b Temperature – Importance

The survey asked staff their opinion on the importance of temperature control at the CMHT office. The survey question was, ‘Do you think that this issue (CMHT office temperature) is important for staff?’.

Over nine in ten staff, (96%), agreed, or strongly agreed, that CMHT office temperature was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**4%** (4) of staff, responding to the survey, stated: ‘Strongly disagree’

**0%** (0) of staff, responding to the survey, stated: ‘Disagree’

**37%** (35) of staff, responding to the survey, stated: ‘Agree’

**58%** (55) of staff, responding to the survey, stated: ‘Strongly agree’



### 10.3. Entrance Exclusivity

Although our vision is for mental health stigma not to exist we must acknowledge that it currently still does. Having an exclusive entrance to a CMHT office for service users is desirable for several reasons, such as:

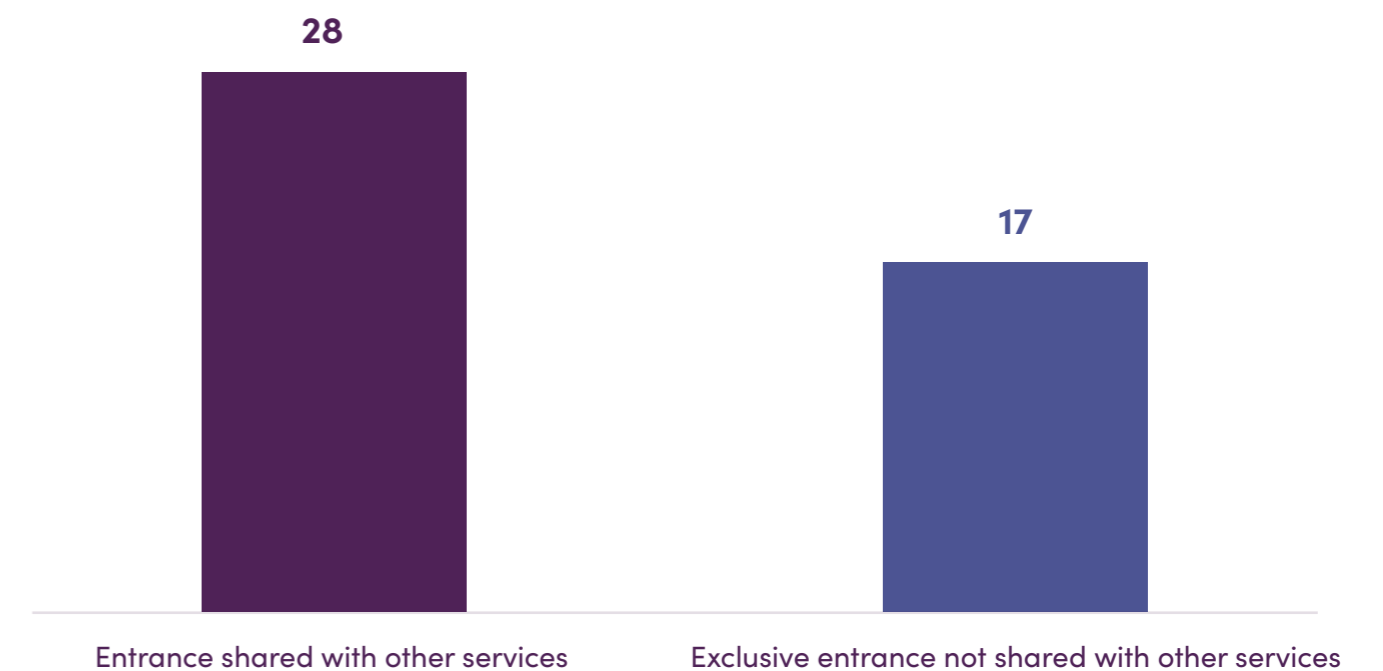
- **Confidentiality:** Service users may feel uncomfortable or embarrassed about others knowing they are seeking support. An exclusive entrance can help maintain confidentiality and protect privacy.
- **Stigma:** Mental health is still stigmatised in many communities, and having an exclusive entrance can help service users from these communities feel more comfortable seeking support.
- **Access:** Some service users may be hesitant to seek mental health support if they have to enter through a public or non-exclusive entrance. Having an exclusive entrance may encourage people to seek help, which could lead to increased access to care and improved outcomes.

This Spotlight Report examined if there was an exclusive entrance for service users at the CMHT office or if the entrance was shared with other services, including other mental health services.

Figure 33, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **62%** of CMHT offices did not have an exclusive entrance for service users.
- **38%** of CMHT offices had an exclusive entrance for service users.

Figure 33: Exclusive Entrance Availability CMHT Offices in Wales.



## 10.4. Entrance Signage

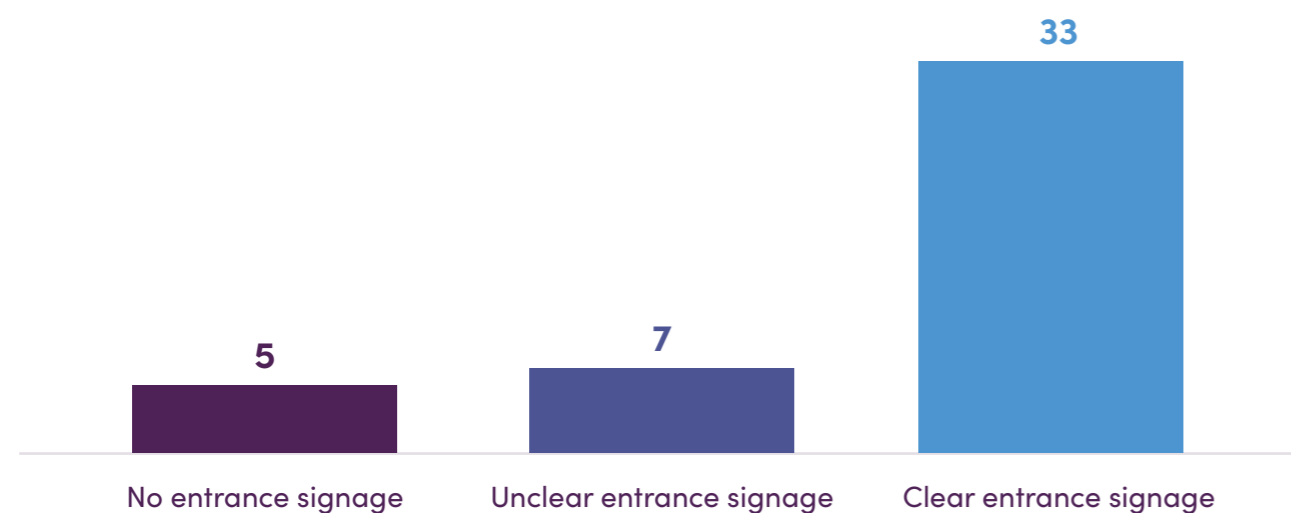
Having clear signage at the entrance to a CMHT office for service users is essential for several reasons, such as:

- **Accessibility:** Clear entrance signage can make it easier for service users and visitors to locate the CMHT office, which ensures that they can easily access the services provided. People who are seeking support from mental health services may be in distress and it is important to minimise any confusion or frustration they may experience when navigating to the right place.
- **Safety:** In the event of an emergency, clear entrance signage helps emergency responders, such as paramedics or police, locate the CMHT office quickly and efficiently. This can be crucial in situations where time is of the essence and immediate medical attention is required.
- **Privacy:** Clear entrance signage deters people who do not need the service from entering by mistake.
- **Professionalism:** Clear entrance signage indicates a professional and well-organised service.

This Spotlight Report examined if there was clear signage at the entrance of the CMHT. During a site visit staff at one CMHT, on a hospital site, explained there was no signage directing people to the CMHT for ‘safety purposes’ as the CMHT office was unable to be locked. **Figure 34**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **11%** of CMHT offices did not have entrance signage.
- **16%** of CMHT offices had unclear entrance signage.
- **73%** of CMHT offices had clear entrance signage.

**Figure 34: Entrance Signage at CMHT Offices in Wales.**



## 10.5. Managed Reception Area

It is essential that a CMHT office have either a staffed reception, or a staff call system, for several reasons, such as:

- **Impression:** Reception staff are usually the first point of contact for CMHT office visitors, responsible for greeting, answering their queries, and directing them to the appropriate staff. This initial interaction can set the tone for service user experience and can help to create a positive first impression.
- **Support:** Reception staff can provide important administrative support to the CMHT, responsible for scheduling appointments, managing the team’s calendar, and handling paperwork. Reception staff can free up time for clinical staff to focus on service user care.
- **Communication:** Reception staff can help to facilitate communication and coordination between CMHT staff. They may also be responsible for coordinating with external agencies, such as hospitals or families.
- **Security:** A staffed reception area can control access to the CMHT office.
- **Efficiency:** Reception staff or a staff call system can improve efficiency and support good flow by enabling appointments to be on time.

In the absence of reception staff, it is important for service users to have access to a staff call system in the reception area to prevent prolonged and possibly frustrating waits.

This Spotlight Report examined if there were dedicated reception staff, or staff call system at the CMHT office. **Figure 35**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **4%** of CMHT offices did not have reception staff or a staff call system.
- **4%** of CMHT offices had reception staff for some periods and/or a staff call system.
- **91%** of CMHT offices had reception staff.

**Figure 35: Managed Reception at CMHT Offices in Wales.**



## 10.6. Reception Area Seating Availability

It is essential for CMHT office reception/entrance areas to have sufficient seating for visitors for several reasons, such as:

- **Comfort:** Service users may be experiencing high levels of stress, anxiety, or other emotional states. Having sufficient seating can help them feel more at ease and comfortable while waiting for appointments.
- **Accessibility:** Service users may have physical disabilities or mobility issues. Having sufficient seating can ensure that they can sit comfortably whilst waiting for appointments.
- **Privacy:** Having reception seating in a designated area can help maintain confidentiality and privacy. If people stand or wait outside the CMHT staff work space or interview rooms, they may be more likely to overhear private conversations.
- **Safety:** Having sufficient seating can help prevent overcrowding and maintain social distancing.

This Spotlight Report examined if there was sufficient seating in the CMHT office reception/entrance area for service users. **Figure 36**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **0%** of CMHT offices did not have reception seating.
- **2%** of CMHT offices had insufficient reception seating.
- **98%** of CMHT offices had sufficient reception seating.

**Figure 36: Reception Seating Availability at CMHT Offices in Wales.**



## 10.7. Reception Area Seating State

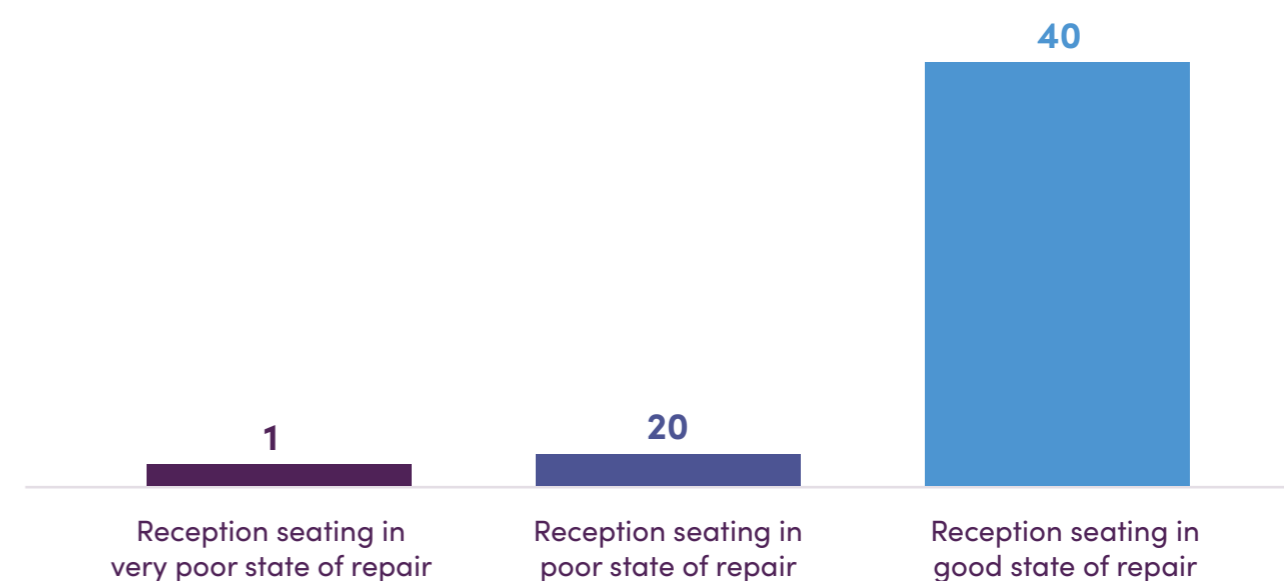
It is essential that seating in the reception area of the CMHT office be well maintained for several reasons, such as:

- **Safety:** Worn out or broken seating can be a safety hazard, especially for service users with mobility issues or who may have difficulty sitting down or getting up from a chair. This can lead to accidents, falls, or other injuries.
- **Comfort:** Service users visiting the CMHT office may already be experiencing issues that cause discomfort and anxiety. Providing comfortable seating can help put them at ease and make their visit more relaxing.
- **Professionalism:** A well-maintained reception area can contribute to the overall professionalism and image of the service. It can create a welcoming environment that shows service users that their comfort is important to the service.

This Spotlight Report examined if seating in the reception area of the CMHT office was in a very poor state of repair, being torn and/or heavily stained, was in a poor state of repair, being worn and/or frayed, or was well maintained. **Figure 37**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **4%** of CMHT offices had reception seating in a very poor state of repair.
- **7%** of CMHT offices had reception seating in a poor state of repair.
- **89%** of CMHT offices had reception seating in a good state of repair.

**Figure 37: Reception Seating at CMHT Offices in Wales.**



## 10.8. Reception Area State

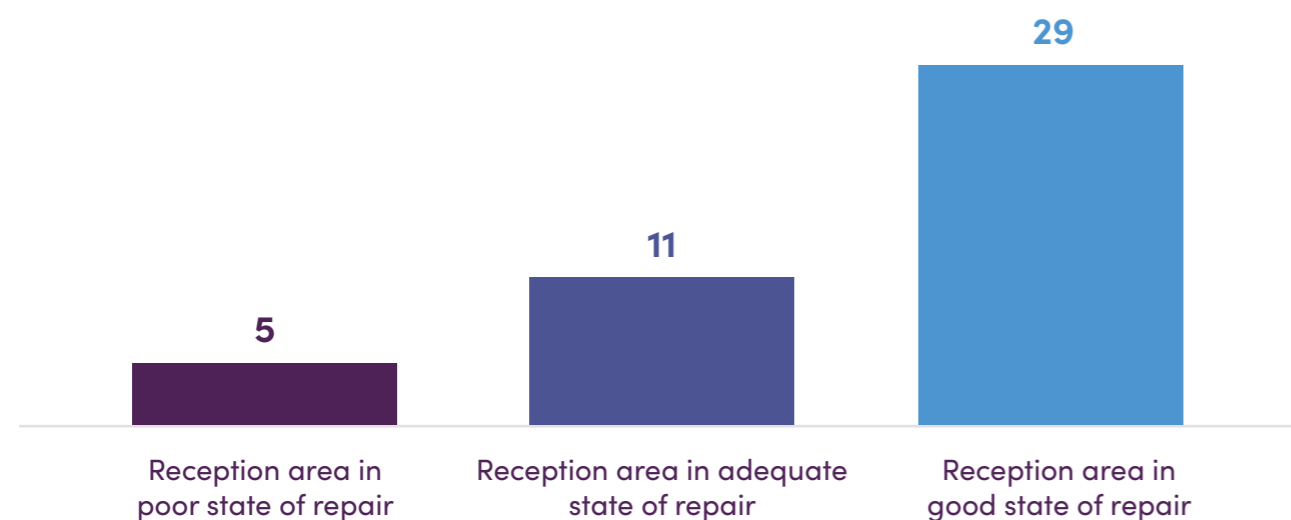
It is desirable that the reception area of the CMHT office be appealing and well decorated for several reasons, such as:

- **Impression:** The reception area is often the first point of contact for service users and sets the tone for their experience with the CMHT. A well-decorated reception area can create a welcoming and calming environment for service users who may be feeling anxious or stressed.
- **Professionalism:** A well-decorated reception area can help to create a professional image for the CMHT. It shows that the team takes pride in their workspace and cares about the comfort and experience of service users.
- **Staff Retention:** A well-decorated reception area contributes to the overall ambiance and atmosphere of the office, making it a more pleasant and enjoyable place to work. This can have a positive impact on staff morale, job satisfaction, and productivity.

This Spotlight Report examined if the reception area of the CMHT office was in a poor state of repair, with stained/damaged walls and/or broken reception desk, was in an adequate state of repair, with dirty walls and/or tattered reception desk, or was in a good state of repair. During site visits it was noted that some CMHT office reception areas required plastering and repainting to fill holes where boards/pictures had been removed. **Figure 38**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **11%** of CMHT offices had a reception area in a poor state of repair.
- **24%** of CMHT offices had a reception area in an adequate state of repair.
- **64%** of CMHT offices had a reception area in a good state of repair.

**Figure 38: State of Reception Area at CMHT Offices in Wales.**



## Staff Survey Responses

### 10.8a Reception Area – Satisfaction

The survey asked staff about their experience of the reception area at their CMHT office. The survey question was, 'How would you rate the reception area at your CMHT office?'

Over three in ten staff, (31%), did not have a reception area and thought that they needed one, or that the one they had was very poor. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**5%** (5) of staff, responding to the survey, stated: **'Haven't got one and don't need one'**

**13%** (13) of staff, responding to the survey, stated: **'Haven't got one and need one'**

**18%** (17) of staff, responding to the survey, stated: **'Very poor'**

**27%** (26) of staff, responding to the survey, stated: **'Acceptable'**

**35%** (33) of staff, responding to the survey, stated: **'Good'**

### 10.8b Reception Area – Importance

The survey asked staff their opinion on the importance of a reception area at the CMHT office. The survey question was, 'Do you think that this issue (reception area) is important for staff?'

Over nine in ten staff, (96%), agreed, or strongly agreed, that a reception area was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**2%** (2) of staff, responding to the survey, stated: **'Strongly disagree'**

**2%** (2) of staff, responding to the survey, stated: **'Disagree'**

**32%** (31) of staff, responding to the survey, stated: **'Agree'**

**63%** (60) of staff, responding to the survey, stated: **'Strongly agree'**

## 10.9. Service User Information Board

It is desirable that the reception area of the CMHT office have an updated, well-maintained notice board dedicated to relevant service user information for several reasons, such as:

- **Communication:** A notice board can serve as a means of communication between the CMHT and service users. Important announcements, updates, and events can be posted on the board.
- **Engagement:** A notice board can also serve as a tool for engaging service users in their own care, by providing information on local support groups and community resources.
- **Well-being:** Service users may experience anxiety when they are uncertain about what to expect during their appointments, or what is happening in the CMHT. Having a notice board that provides information about the CMHT can help to reduce these anxieties.

Service user information boards should be clearly recognisable as such, well designed, and maintained regularly with out of date information promptly removed. Notices should be professionally produced with due regard to a broad spectrum of service user communication needs and abilities.

This Spotlight Report examined if the CMHT office had a dedicated information board for service users and the state of the information presented on the board. During the site visits it was noted that many CMHT office information boards had been previously removed and were yet to be replaced. **Figure 39**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **11%** of CMHT offices had no dedicated information board for service users.
- **7%** of CMHT offices had a dedicated information board for service users but either the notices on it were in poor state, the board was cluttered, or held outdated information.
- **82%** of CMHT offices had a dedicated information board for service users with easy to read and current information presented.

**Figure 39: Service User Information Boards at CMHT Offices in Wales.**



## 10.10. Service User Feedback

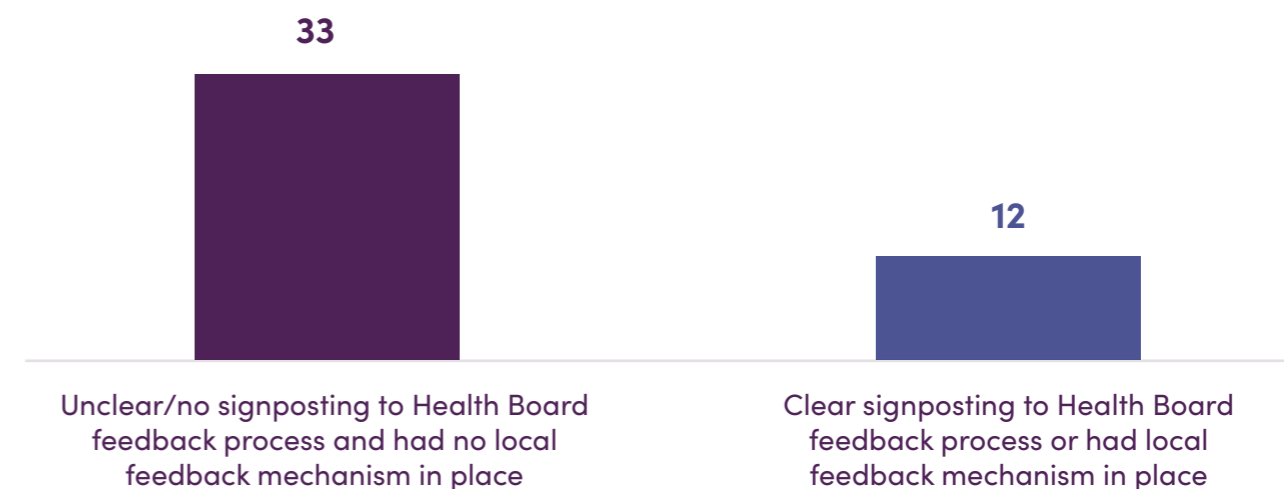
CMHTs may employ local or Health Board feedback mechanisms for service users to use. CMHT offices can signpost service users or families to this the feedback process through such tools as texts/emails or QR codes, or have in place a local mechanism, such as a suggestion box. It is essential for service users and their families to have a mechanism to provide feedback for several reasons, such as:

- **Improvement:** Feedback from service users can provide valuable insights into the effectiveness of the care they are receiving and identify areas where the CMHT may need to improve.
- **Satisfaction:** When given the opportunity to provide feedback, service users are more likely to feel valued. This can lead to improved engagement and increased satisfaction with their care.
- **Participation:** Feedback mechanisms can provide an outlet for service users to voice their concerns, or ask questions about the care they receive.
- **Communication:** Feedback mechanisms can support communication between service users and the CMHT. Service users may not always feel comfortable raising concerns or asking questions directly, and feedback mechanisms such as suggestion boxes can provide a way to do so anonymously or indirectly.

This Spotlight Report examined if the CMHT office clearly signposted service users to the Health Board feedback process or had a local feedback mechanism in place. **Figure 40**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **73%** of CMHT offices did not clearly signpost service users to the Health Board feedback process or have local feedback mechanism in place.
- **27%** of CMHT offices clearly signposted service users to the Health Board feedback process or had local feedback mechanism in place.

**Figure 40: Service User Feedback Collection at CMHT Offices in Wales.**



## 10.11. Internal Navigation Signage

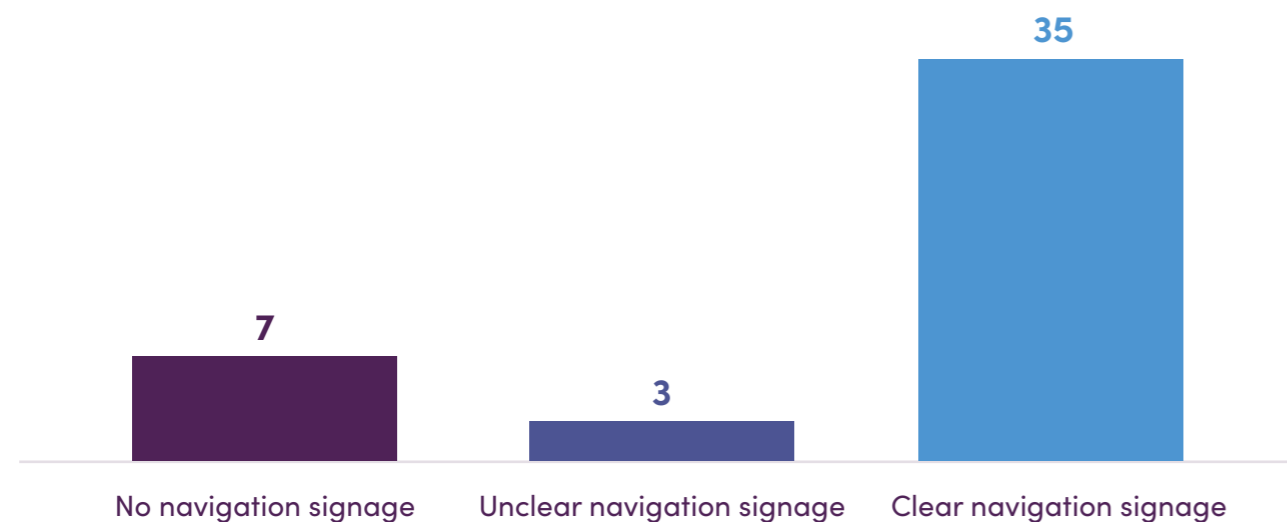
Clear signage, indicating exits and rooms, help staff and service users navigate inside a CMHT office and is essential for several reasons, such as:

- **Accessibility:** Clear navigation signage helps people find their way around the CMHT office, which is particularly important for service users who are sight impaired or experience confusion or anxiety.
- **Safety:** Clear navigation signage helps to ensure the safety of service users and staff by clearly indicating emergency exits, stairwells, and other important areas.
- **Efficiency:** Clear navigation signage can save time and ensure appointments are not delayed by service users being unable to find their way around the CMHT office quickly and efficiently.
- **Professionalism:** Clear navigation signage can create a professional and welcoming environment that instills confidence in service users and visitors. It demonstrates that the facility is well organised and takes service users experience seriously.

This Spotlight Report examined if there was clear signage inside the CMHT office indicating such areas as exits, stairwells and clinics. **Figure 41**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **16%** of CMHT offices had no internal navigation signage.
- **7%** of CMHT offices had unclear internal navigation signage.
- **78%** of CMHT offices had clear internal navigation signage.

**Figure 41: Internal Navigation Signage at CMHT Offices in Wales.**



## 10.12. Interview Rooms Availability

Although many CMHT interactions may be through home visits, it is essential to have dedicated interview rooms in the CMHT office for several reasons such as:

- **Choice:** CMHT offices that have interview rooms can offer a choice to service users to receive CMHT interventions at home, or in the office. This choice allows flexibility and promotes independence. Sometimes service users may not wish to receive a home visit for perceived stigma issues, independence, or the privacy issues that arise from shared homes.
- **Confidentiality:** Interview rooms ensures the confidentiality of the service user and their information. Confidentiality is crucial for building trust and maintaining privacy, which can be especially important in mental health settings where sensitive issues are often discussed.
- **Comfort:** Interview rooms create a more comfortable environment for service users. They can help service users feel more at ease, which can facilitate open communication and a better therapeutic relationship with staff.
- **Professionalism:** Purposely designed interview rooms can help to create a professional image for the CMHT. It shows that the service cares about service user comfort and experience.

This Spotlight Report examined if there were dedicated interview rooms available at the CMHT office. During site visits we noted that two CMHT offices did not have interview rooms or interview space and therefore service users could not attend the office. **Figure 42**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **4%** of CMHT offices did not have interview rooms.
- **96%** of CMHT offices had interview rooms.

**Figure 42: Interview Room Availability at CMHT Offices in Wales.**



### 10.13. Interview Rooms State

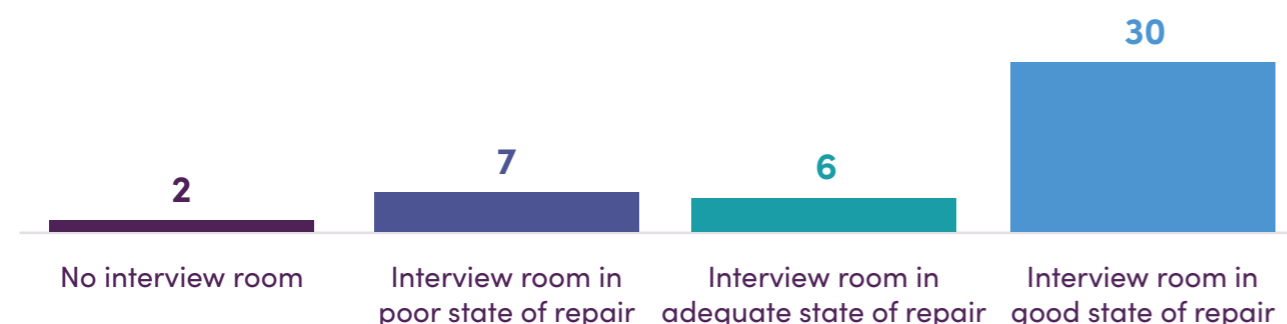
It is desirable that interview rooms at CMHT offices be well maintained for several reasons, such as:

- **Safety:** A poorly maintained interview room can pose safety risks to both staff and service users. For example, broken chairs, uneven flooring, or faulty electrical sockets can cause accidents and injuries.
- **Comfort:** Service users are more likely to feel comfortable and at ease when they are in a well-maintained interview room. This can help to build rapport between the service user and staff, making it easier for the service user share thoughts and feelings.
- **Professionalism:** A well-maintained interview room to convey professionalism and respect to service users. It shows that the CMHT takes their work seriously and cares about creating a professional environment.
- **Privacy:** A well-maintained interview room can help to maintain service user confidentiality. For example, if there are holes or cracks in the walls or doors, it may be easier for others to overhear discussions in the room.

This Spotlight Report examined if the CMHT office had interview rooms, if interview rooms were in a poor state of repair, with damaged/absent furniture and/or very dirty walls/ceiling/floors, were in an adequate state of repair, with scuffed furniture and/or dirty walls/ceiling/floor or were in a good state of repair. **Figure 43**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **4%** of CMHT offices did not have interview rooms.
- **16%** of CMHT offices had interview rooms in a poor state of repair.
- **13%** of CMHT offices had interview rooms in an adequate state of repair.
- **67%** of CMHT offices had interview rooms in a good state of repair.

**Figure 43: Interview Rooms State at CMHT Offices in Wales.**



## Staff Survey Responses

### 10.13a Interview Rooms – Satisfaction

The survey asked staff about their experience of the interviews room at their CMHT office. The survey question was, 'How would you rate the interviews room at your CMHT office?'

Over four in ten staff, (46%), did not have interviews room and thought they needed some, or that the ones they had were very poor. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**5%** (5) of staff, responding to the survey, stated: 'Haven't got any and don't need any'

**13%** (13) of staff, responding to the survey, stated: 'Haven't got any and need some'

**33%** (32) of staff, responding to the survey, stated: 'Very poor'

**35%** (34) of staff, responding to the survey, stated: 'Acceptable'

**12%** (11) of staff, responding to the survey, stated: 'Good'

### 10.8b Interview Rooms Quantity – Opinion

The survey asked staff their opinion on the number of interviews room at the CMHT office. The survey question was, 'Do you think that your CMHT office has enough interviews rooms?'

Over seven in ten staff, (73%), did not think that they had enough interviews rooms at their CMHT office. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**73%** (69) of staff, responding to the survey, stated: 'Disagree'

**26%** (25) of staff, responding to the survey, stated: 'Agree'

## 10.14. Service User Toilet Facilities

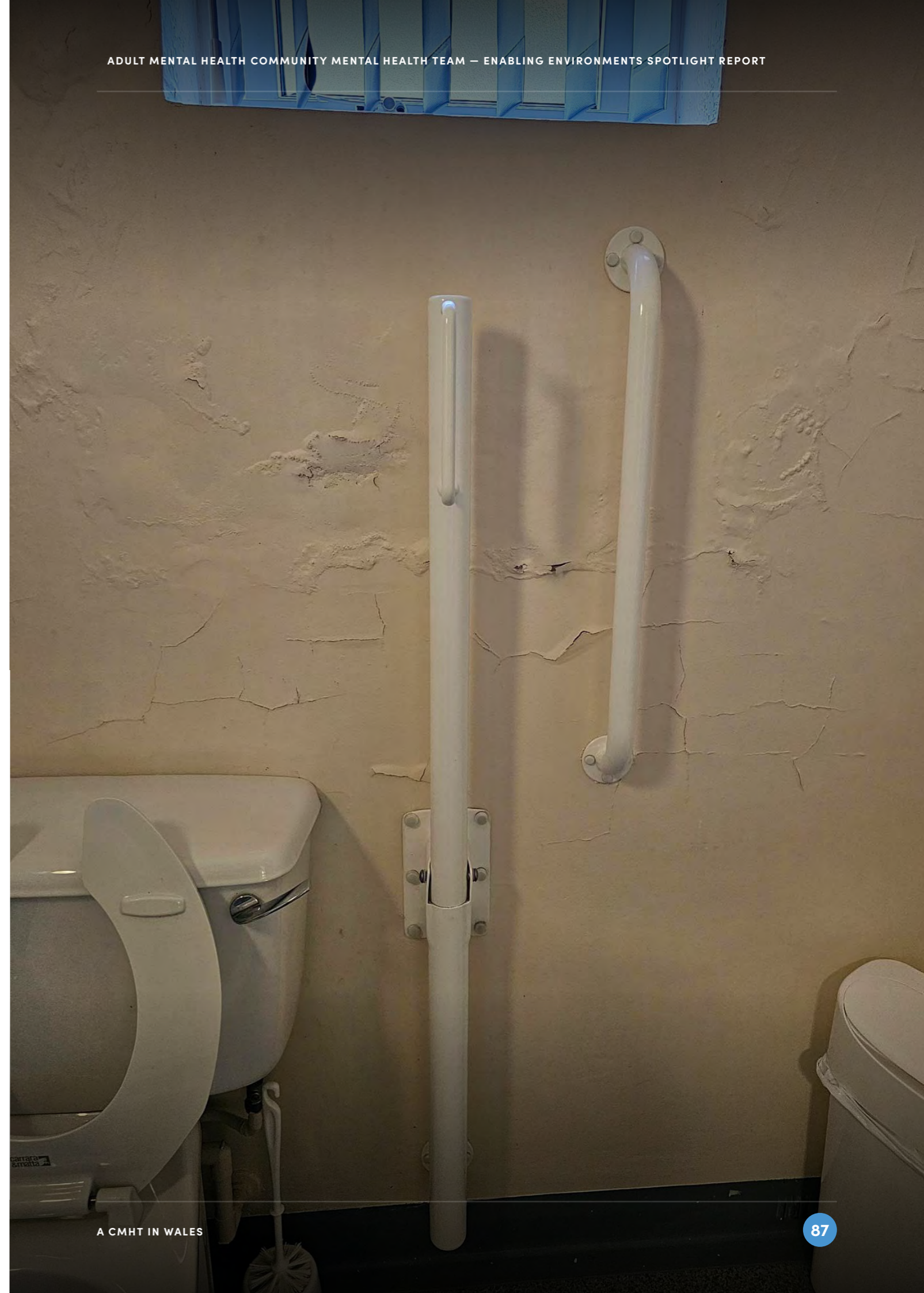
It is essential to have toilet facilities available for service users attending a CMHT office for several reasons, such as:

- **Access:** Using the toilet is a basic human need.
- **Comfort:** Providing access to toilet facilities can help ensure that service user’s feel comfortable and maintain their dignity while receiving care.
- **Health:** Some medications used to treat mental health conditions can cause gastrointestinal problems, such as diarrhoea or constipation, making access to toilet facilities especially important.
- **Anxiety:** Anxiety and stress can be common in service users and access to toilet facilities can help alleviate some of these feelings.
- **Hygiene:** Ensuring that service users have access to toilet facilities can help promote good hygiene and prevent the spread of infections.

This Spotlight Report examined if service users had access to toilet facilities at the CMHT office, and the state of repair of such facilities. **Figure 44**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **40%** of CMHT offices had shared toilets (see following section for details of shared staff/ service user toilet facilities).
- **7%** of CMHT offices did not have service user or shared toilets.
- **7%** of CMHT offices had service user toilets available but in a poor state of repair.
- **47%** of CMHT offices had service user toilets available in a good state of repair.

**Figure 44: Service User Toilet Availability at CMHT Offices in Wales.**



## 10.15. Shared Staff & Service User Toilet Facilities

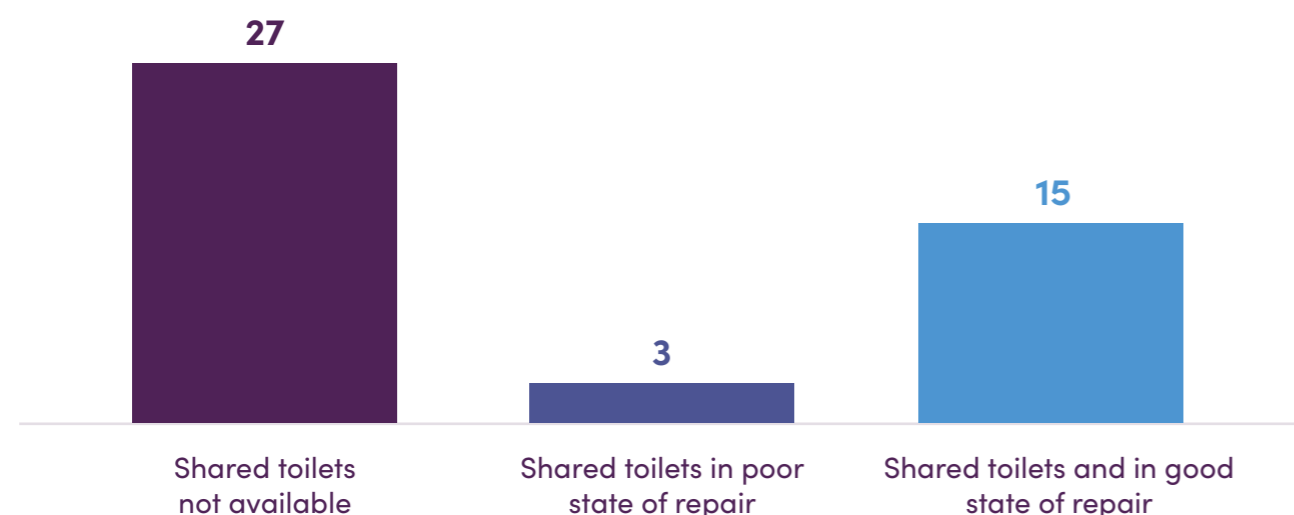
It is desirable to have shared toilet facilities for staff and service users in a CMHT office for a several reasons, such as:

- **Equality:** Sharing toilets promotes equality among staff and service users. It eliminates any perception of hierarchy or segregation, promotes dignity and helps to create a sense of community.
- **Stigma:** Sharing toilets helps reduce the stigma associated with mental illness.
- **Trust:** Sharing toilets helps to build trust and rapport between staff and service users.
- **Costs:** Having separate toilets for staff and service users may not be cost-effective, especially for small CMHT offices. Sharing toilets helps to reduce the cost of constructing and maintaining separate facilities.

This Spotlight Report examined if there were shared staff and service users toilet facilities at the CMHT office, and the state of repair of such facilities. **Figure 45**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **60%** of CMHT offices did not have shared staff/service user toilets (see previous section for availability of other toilet facilities).
- **7%** of CMHT offices had shared staff/service user toilets but they were in a poor state of repair.
- **33%** of CMHT offices had shared staff/service user toilets and they were in a good state of repair.

**Figure 45: Shared Staff/Service User Toilets at CMHT Offices in Wales.**



## Staff Survey Responses

### 10.15a Shared Staff/Service User Toilets – Opinion

The survey asked staff their opinion on the whether the toilets facilities at the CMHT office should be shared between staff and service users or whether there should be separate staff /service user toilet facilities. The survey question was, 'Do you think staff should have shared toilets with service users?'

Over seven in ten staff, (78%), thought that staff only toilets should be available at their CMHT office. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**78%** (73) of staff, responding to the survey, stated: 'No, there should be staff only toilets'

**21%** (20) of staff, responding to the survey, stated: 'Yes, shared toilets are fine'.



**78%**

thought that staff only toilets should be available at their CMHT office.

## 11. Equity

This section explores if the design and state of the CMHT office addressed barriers to access and equity, and helped support service users with specific needs or distinctive characteristics.

### 11.1. Service User Disabled Parking Availability

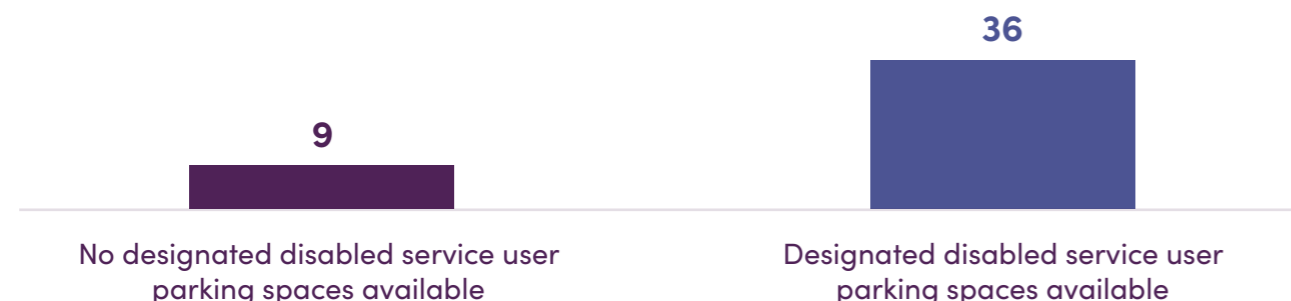
It is essential that disabled service users attending a CMHT office have adequate parking for several reasons, such as:

- **Accessibility:** Without adequate parking, disabled service users may face difficulties in accessing the CMHT office and may be discouraged from seeking support.
- **Compliance:** In the UK, providing accessible parking spaces is required by law. Failing to provide adequate disabled parking for service users may result in legal penalties and could harm the reputation of the Health Board.
- **Safety:** Providing disabled parking spaces close to the entrance of the CMHT office can help prevent accidents and injuries that may occur due to the difficulty in accessing the building.
- **Comfort:** Disabled service users may have mobility issues, chronic pain, or other physical limitations that make it difficult to walk long distances. Having designated parking spaces close to the entrance can help ensure that they can comfortably access the CMHT office.
- **Inclusivity:** Providing disabled parking spaces is an important part of creating an inclusive environment and essential to ensuring that disabled service users feel welcome and valued.

This Spotlight Report examined if disabled service users who attend the CMHT office had access to dedicated disabled parking and if enough spaces were available. **Figure 46**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **20%** of CMHT offices provided no disabled parking for service users.
- **80%** of CMHT offices provided disabled parking for service users.

**Figure 46: Service User Disabled Parking at CMHT Offices in Wales.**



### 11.2. Staff Disabled Parking Availability

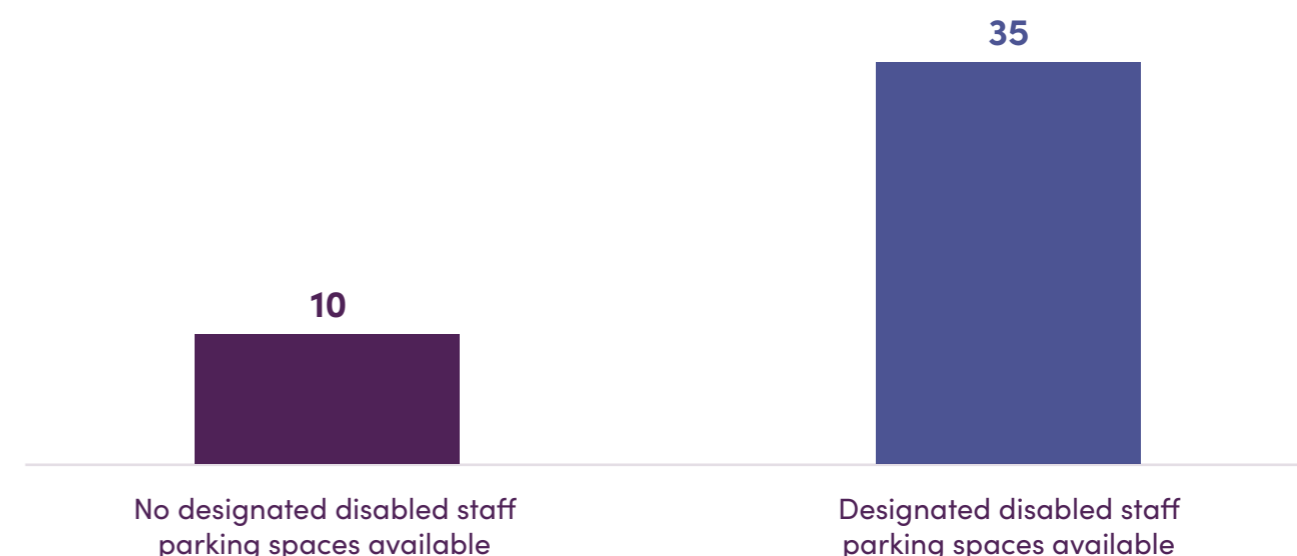
It is essential that disabled staff have dedicated parking at the CMHT office for several reasons, such as:

- **Accessibility:** Accessible parking spaces close to the entrance of a workplace make it easier for staff with disabilities to access the building.
- **Compliance:** Accessible parking spaces is a legal requirement. Failing to provide adequate disabled parking for staff may result in legal penalties and could harm the reputation of the Health Board.
- **Recruitment:** By providing accessible parking, a Health Board can demonstrate that they value diversity, and are committed to creating an inclusive workplace. This can help improve recruitment, and retain skilled and experienced staff with disabilities, who might otherwise leave, or not join, due to accessibility issues.
- **Morale:** When staff with disabilities have access to designated parking, it can help to boost morale and increase productivity. It sends a positive message that the employer cares about their needs and is committed to creating an inclusive workplace.

This Spotlight Report examined if disabled staff who work in the CMHT office had access to dedicated disabled parking and if enough spaces were available. **Figure 47**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **22%** of CMHT offices provided no dedicated disabled parking for staff.
- **78%** of CMHT offices provided dedicated disabled parking for staff.

**Figure 47: Staff Disabled Parking at CMHT Offices in Wales.**



### 11.3. Disabled Access

It is essential for individuals with disabilities to have facilitated access to the CMHT office for several reasons, such as:

- **Equality:** Everyone has the right to access mental health services, regardless of their physical ability. Providing disabled access ensures that service users with disabilities can access the same mental health services as everyone else.
- **Compliance:** Disability access is a legal requirement. Failure to provide disabled access can result in legal action and financial penalties.
- **Outcomes:** Providing disabled access can improve the quality of care and outcomes for service users with disabilities. Accessible CMHT offices can help service users with disabilities feel more comfortable and confident in seeking support, leading to better engagement and outcomes.
- **Recruitment:** By providing disabled access for staff a Health Board can demonstrate that they value diversity and are committed to creating an inclusive workplace. This can help improve recruitment, and retain skilled and experienced staff with disabilities, who might otherwise leave, or not join, due to accessibility issues.

This Spotlight Report examined whether there was disabled access to the CMHT office or if disabled access was through another entrance. **Figure 48**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **7%** of CMHT offices provided no disabled access.
- **9%** of CMHT offices provided limited access or access by another entrance.
- **84%** of CMHT offices provided disabled access.

**Figure 48: Disabled Access to CMHT Offices in Wales.**



### 11.4. Disabled Toilet Access

It is essential for a CMHT office to have disabled toilets for the use by staff and service users for several reasons, such as:

- **Equality:** For service users with disabilities, having accessible toilets can help to reduce any barriers to accessing services.
- **Compliance:** Having accessible toilets in the workplace is a legal requirement under the Equality Act and it is considered good practice for employers to provide such facilities.
- **Outcomes:** Accessible facilities and services can help service users with disabilities feel more comfortable and confident in seeking support, leading to better engagement and outcomes.
- **Recruitment:** For staff with disabilities, adapted toilets can make their workplace more accessible, accommodating, and inclusive, allowing them to perform their duties to the best of their abilities. By providing disabled toilets, a Health Board can demonstrate that they value diversity and are committed to creating an inclusive workplace. This can help improve recruitment, and retain skilled and experienced staff with disabilities, who might otherwise leave or not join due to accessibility issues.

This Spotlight Report examined whether there was disabled toilets in the CMHT office and the state of repair of such facilities. During one site visit, staff stated they were recently ‘embarrassed’ after a wheelchair-bound service user requested the toilet only to be informed that the only facilities available were not adapted for disabilities, were upstairs, and that there was no lift. **Figure 49**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **16%** of CMHT offices provided no disabled toilets.
- **7%** of CMHT offices provided disabled toilets but they were in a poor state of repair.
- **78%** of CMHT offices provided disabled toilets and they were in a good state of repair.

**Figure 49: Disabled Toilet Access to CMHT Offices in Wales.**



## 11.5. Audio Induction Loops Availability

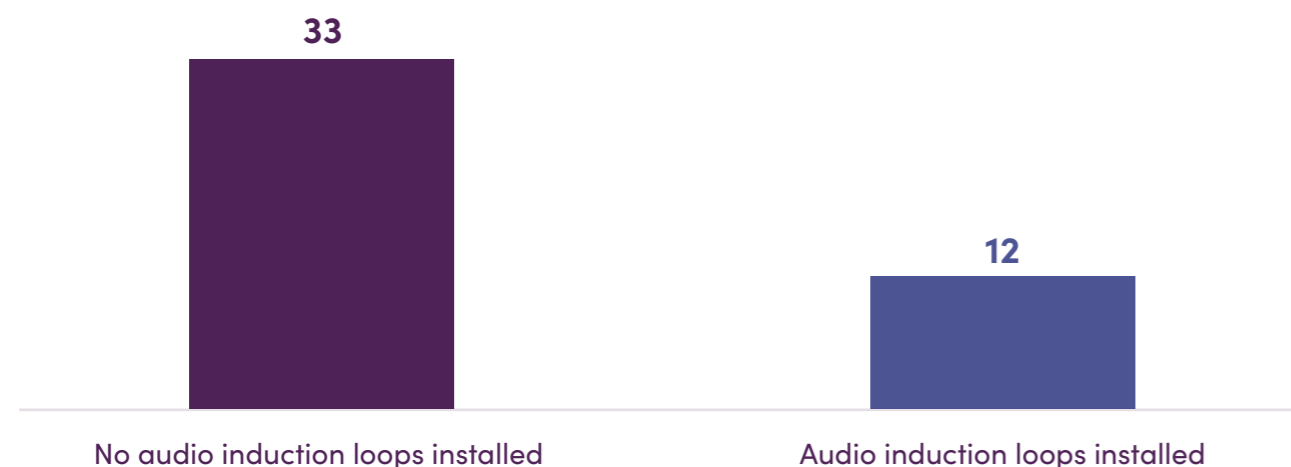
Audio induction loops, also known as ‘hearing loops’, are assistive listening devices designed to help individuals with hearing impairments better understand spoken language in noisy environments. It is essential that audio induction loops are installed in a CMHT office for reasons such as:

- **Communication:** Audio induction loops can help services users with impaired hearing better understand spoken language and facilitate effective communication with staff. This can be especially important in mental health settings where clear communication can be critical for effective interactions.
- **Accessibility:** Audio induction loops demonstrate a commitment to accessibility and inclusivity, helping to ensure that service users with hearing impairments have equal access to services.
- **Stigma:** Providing assistive technology like audio induction loops can help reduce the stigma associated with hearing impairment by normalising the use of hearing assistive devices.
- **Compliance:** Installing audio induction loops can help ensure compliance with the legal requirements for services to provide accommodations for people with disabilities.

This Spotlight Report examined whether there were audio induction loops installed in the CMHT office. During site visits it was noted that staff in many CMHT offices, without audio induction loops, were not aware they were required. **Figure 50**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **73%** of CMHT offices did not have audio induction loops installed.
- **27%** of CMHT offices had audio induction loops installed.

**Figure 50: Audio Induction Loops in CMHT Offices in Wales.**



## 11.6. Sign Language Availability

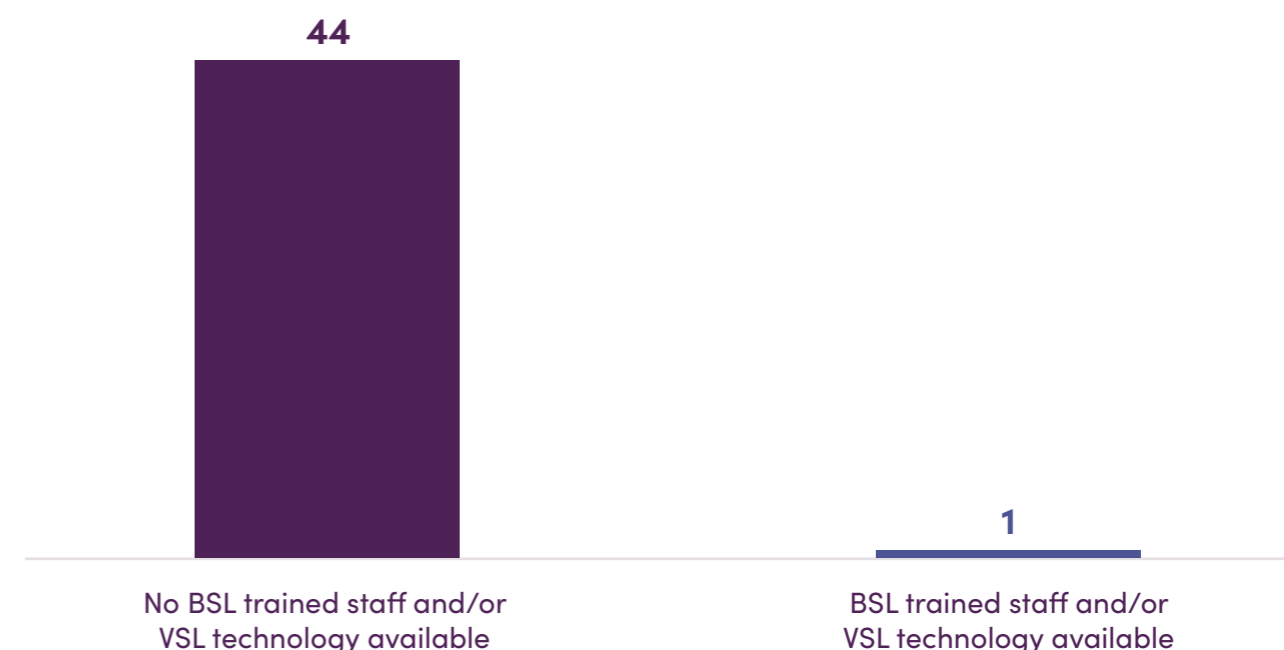
It is essential for some or all staff at a CMHT office to be proficient in British Sign Language (BSL) or for staff to have access to Virtual Sign Language (VSL) interpretation technology for such reasons as:

- **Inclusivity:** VSL technology or having BSL trained staff can support deaf service users overcome communication barriers, that make it difficult for them to express their thoughts and feelings, and to understand information being provided.
- **Equity:** Access to VSL technology or having BSL trained staff can ensure the CMHT is providing accessible care to the deaf community.
- **Quality:** Access to VSL technology or having BSL trained staff can improve the overall quality of care provided to deaf individuals. Staff who are fluent in BSL can deaf support service users navigate complex terminology and treatment options and make them feel more comfortable and confident in their interactions.

This Spotlight Report examined whether CMHT staff had BSL proficiency or if they had access to VSL technology in the CMHT office. **Figure 51**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **98%** of CMHT offices did not have any BSL proficient staff or access to VSL technology.
- **2%** of CMHT offices had BSL proficient staff and/or access to VSL technology.

**Figure 51: BSL/VSL Access in CMHT Offices in Wales.**



## 11.7. Interpretation Service Availability

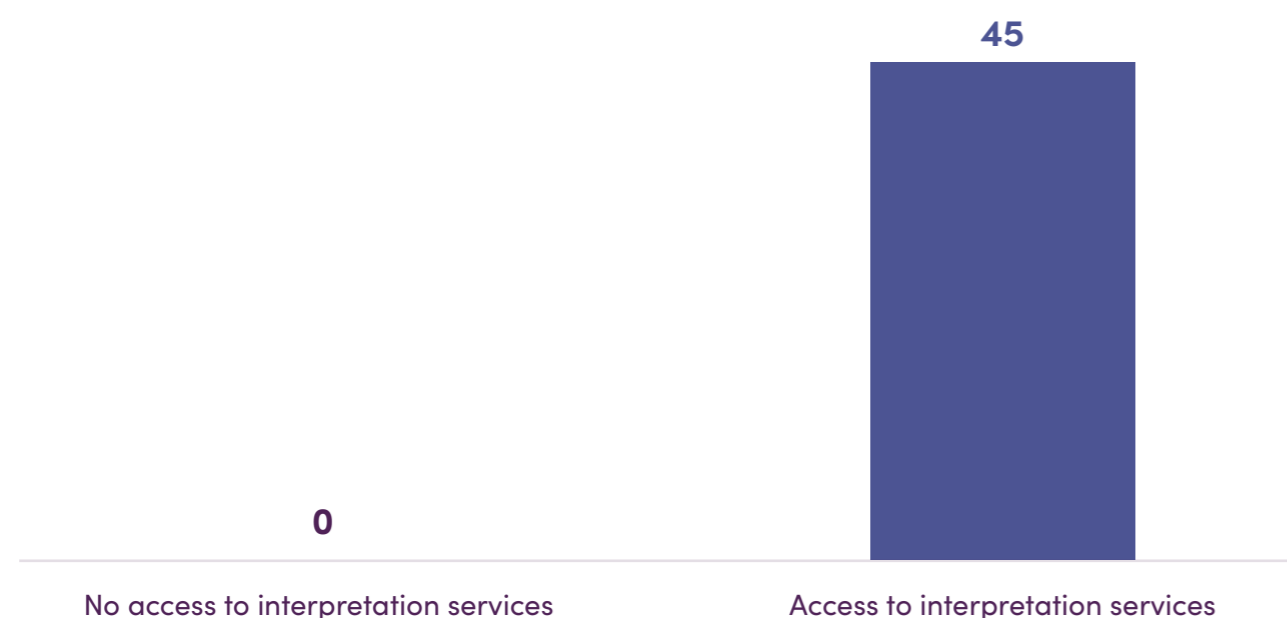
It is essential for CMHT offices to have access to interpretation services for several reasons, such as:

- **Equity:** By having access to interpretation services, staff can communicate effectively with service users who have limited English/Welsh proficiency. This not only helps to improve outcomes but also helps to build trust and promote equity.
- **Access:** Access to interpretation services can support individuals overcome the language barriers that can be a major obstacle for seeking support for mental health issues. Language barriers can make it difficult for individuals to converse with professionals, communicate symptoms, comprehend diagnosis, and concord with treatment.
- **Compliance:** Providing access services for those with limited English/Welsh proficiency can be a legal, regulatory or policy requirement. Failing to provide language access services could result in legal and financial consequences for Health Board.

This Spotlight Report examined whether CMHT staff had access to interpretation services such as Language Line. **Figure 52**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **0%** of CMHT offices did not have access to interpretation services.
- **100%** of CMHT offices had access to interpretation services.

**Figure 52: Interpretation Service Access in CMHT Offices in Wales.**



## 11.8. Availability of Spoken Welsh Language

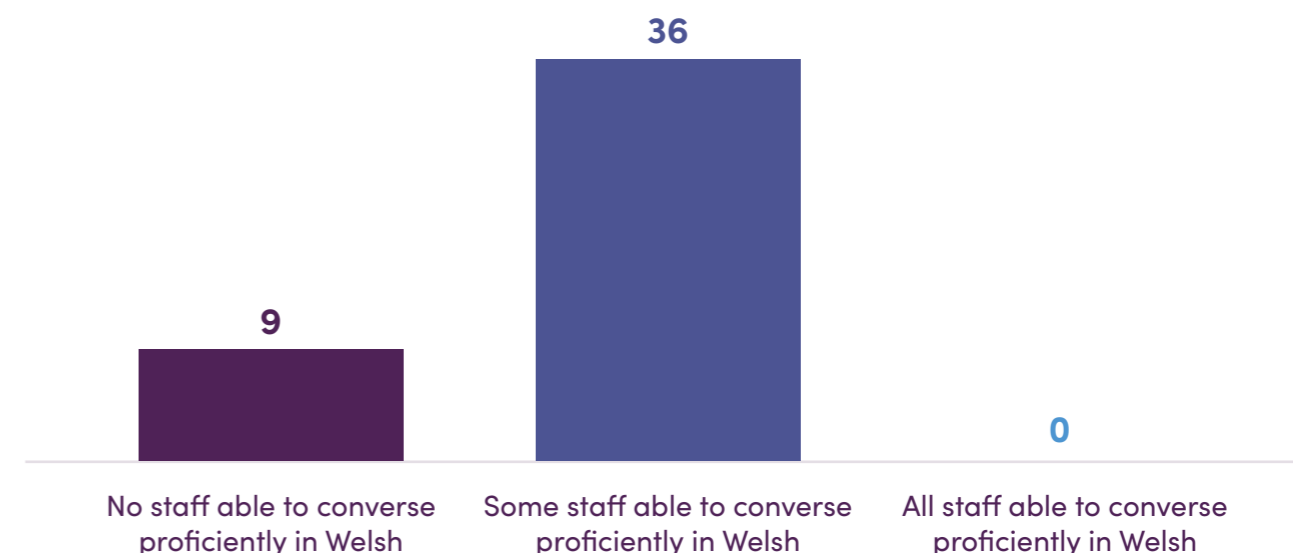
It is essential for CMHTs in Wales to have staff members who are able to converse proficiently in Welsh for several reasons, such as:

- **Inclusivity:** Wales is a bilingual country, and Welsh is an official language alongside English. Therefore, it is important to provide services in both languages in Wales to ensure that everyone can access and receive the support they need.
- **Access:** Access to Welsh speaking staff, aids Welsh speaking service users overcome the language barriers that can be a obstacle for seeking support for mental health issues. Language barriers can make it difficult for individuals to converse with professionals, communicate symptoms, comprehend diagnosis, and concord with treatment.
- **Compliance:** The Welsh Language (Wales) Measure 2011 places a duty on public bodies in Wales to provide services in both Welsh and English. Mental health services are included in this duty, and having Welsh-speaking staff members is necessary to meet this requirement.

This Spotlight Report examined whether some or all CMHT staff were able to converse proficiently in Welsh. **Figure 53**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **20%** of CMHT offices did not have any staff able to converse proficiently in Welsh.
- **80%** of CMHT offices had some staff able to converse proficiently in Welsh.
- **0%** of CMHT offices had all staff able to converse proficiently in Welsh.

**Figure 53: Spoken Welsh Language Access in CMHT Offices in Wales.**





## 12. Supporting & Protecting Staff

This section explores if the design, state, or operation, of the CMHT office, supports and enables staff to have a positive work experience and promotes safe and effective working.

### 12.1. Entry System

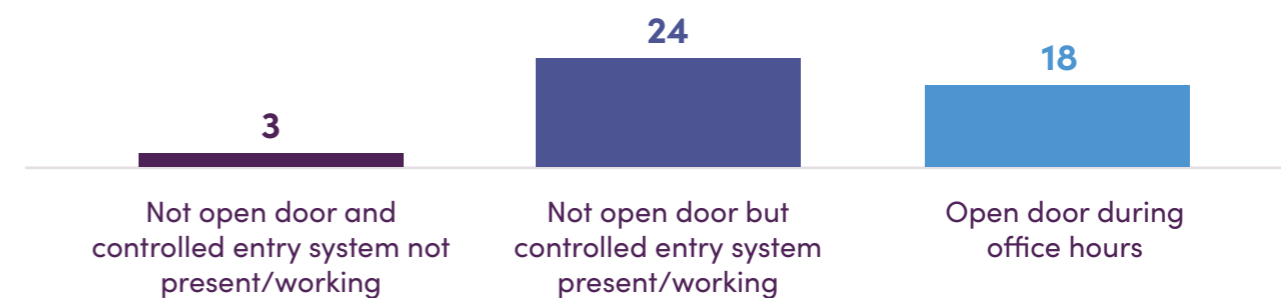
A CMHT office entrance door which remains ‘open’, meaning unlocked and with no access control, during normal office hours, can have both advantages and disadvantages. An ‘open’ entrance door can create a more welcoming environment for service users however, it can also create security risks, such as unauthorised, or unwelcome visitors. For those CMHT offices without an open door, it is essential to have an way of controlling entry, such as a bell/buzzer, for several reasons, such as:

- **Safety:** A controlled entry system can help ensure the safety of staff and visitors by allowing staff to monitor who enters the building.
- **Privacy:** A controlled entry system can help maintain the privacy of service users by preventing unauthorised individuals from entering the building.
- **Efficiency:** A controlled entry system can help the CMHT to operate more efficiently by allowing staff to know when service users arrive for appointments. This can help reduce wait times and ensure that service users receive timely care.

This Spotlight Report examined if CMHT offices had an ‘open door’ approach, or had a controlled entry system, such as a bell or buzzer. Note this Spotlight Report does not state if an open door or controlled entry system is preferable, **Figure 54**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **7%** of CMHT office doors were not ‘open’ and had no controlled entry system.
- **53%** of CMHT office doors were not ‘open’ but had an controlled entry system.
- **40%** of CMHT office doors were ‘open’ during office hours.

**Figure 54: Entrance Alert System at CMHT Offices in Wales.**



## 12.2. Workspace Capaciousness

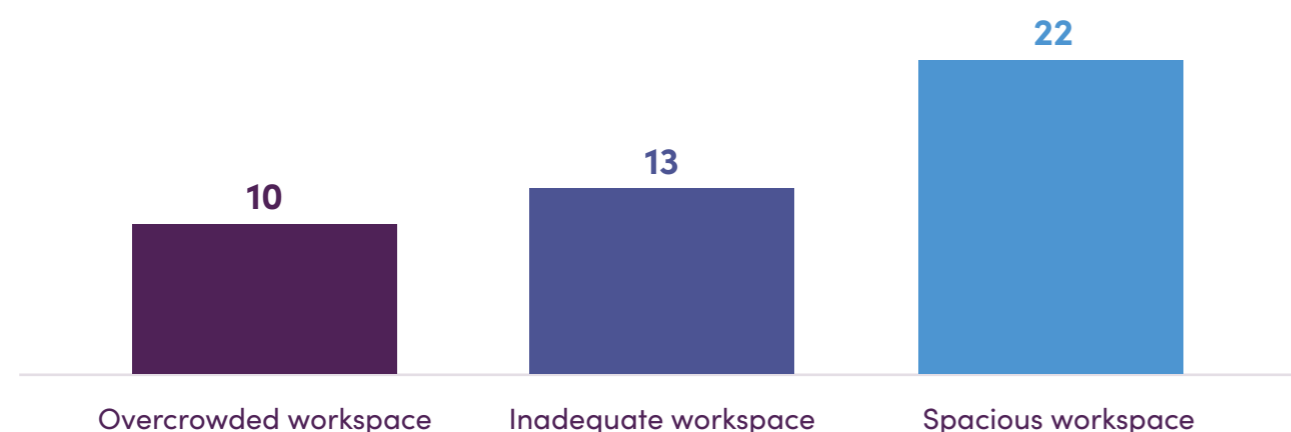
It is essential that the space in CMHT offices, where staff work, is capacious, and not overcrowded, for several reasons, such as:

- **Privacy:** It is more challenging to maintain confidentiality and privacy in an overcrowded office. Service users contacted by staff using telephone in an overcrowded CMHT office may experience background noise, which can be frustrating, and lead to miscommunication.
- **Efficiency:** A spacious CMHT office allows for better organisation and storage, reducing clutter and distractions. It also allows for more natural movement and collaboration among staff, which can lead to improved communication and teamwork.
- **Recruitment:** By providing an CMHT office, which is not overcrowded, Health Boards can demonstrate they value staff well-being and this may improve recruitment and aide retention
- **Expansion:** There has been a long term strategic move to deliver more mental health services from a community setting, and CMHT offices need enough space to absorb new staff and deliver enhanced services.

This Spotlight Report examined if CMHT offices were overcrowded, barely adequate for the number of staff working in them, or spacious. During site visits to CMHT offices found to be overcrowded, this was often due to numerous filing cabinets occupying work space, and not always to the office size itself. **Figure 55**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **22%** of CMHT offices working space was overcrowded.
- **29%** of CMHT offices working space was inadequate for the number of staff.
- **49%** of CMHT offices working space was spacious.

**Figure 55: Staff Workspace at CMHT Offices in Wales.**



## Staff Survey Responses

### 12.2a Work Space – Satisfaction

The survey asked staff about their experience of the work space at their CMHT office. The survey question was, 'How would you rate the amount of work space at your CMHT office?'

Over three in ten staff, (35%), who had an opinion, thought that the amount of work space at their CMHT office was very poor. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**0%** (0) of staff, responding to the survey, stated: 'No opinion'

**35%** (34) of staff, responding to the survey, stated: 'Poor'

**40%** (38) of staff, responding to the survey, stated: 'Acceptable'

**24%** (23) of staff, responding to the survey, stated: 'Good'

### 12.2b Work Space – Importance

The survey asked staff their opinion on the importance of work space at the CMHT office. The survey question was, 'Do you think that this issue (work space) is important for staff?'

Over nine in ten staff, (97%), agreed, or strongly agreed, that work space was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**1%** (1) of staff, responding to the survey, stated: 'Strongly disagree'

**1%** (1) of staff, responding to the survey, stated: 'Disagree'

**32%** (31) of staff, responding to the survey, stated: 'Agree'

**65%** (62) of staff, responding to the survey, stated: 'Strongly agree'



### 12.3. Workplace State

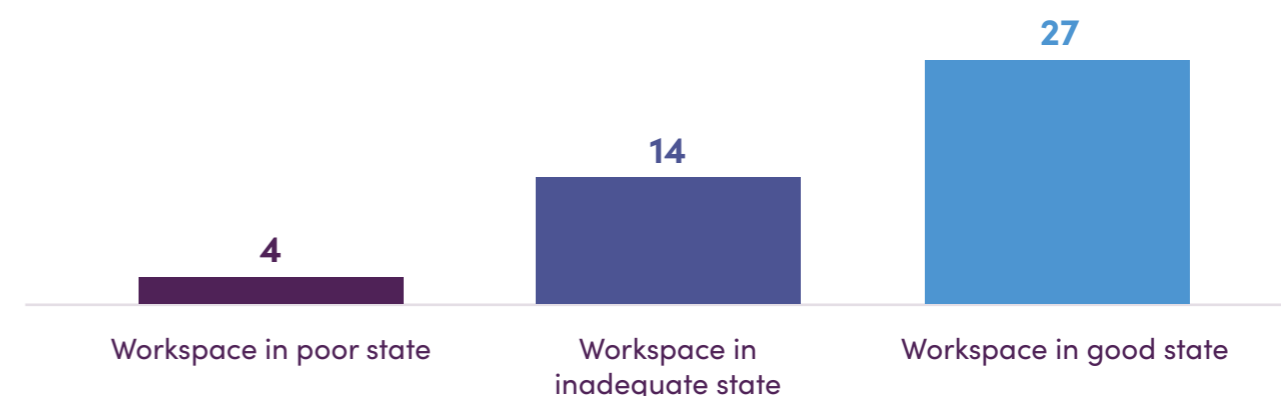
It is desirable that ceilings, walls, windows, and floors in the CMHT office staff workspace, be well-maintained and decorated, for several reasons, such as:

- **Morale:** A well-maintained staff workspace can improve morale and increase productivity. When staff feel comfortable and happy in their work environment, they are more likely to be motivated and focus on their work.
- **Impression:** A well-maintained staff workspace can make a positive first impression on visitors. It can convey a sense of professionalism which can help build trust and confidence in the services provided.
- **Safety:** A well-maintained staff workspace can contribute to the safety and health of staff members, and reduce absences due to ill health. Regular maintenance and cleaning can help reduce the risk of illness, accidents or injuries.
- **Recruitment:** By providing a well maintained staff workspace, Health Boards can demonstrate they value staff well-being and this may improve recruitment and aide retention.

This Spotlight Report examined if CMHT offices had a well-maintained and well-decorated workspace for staff. During site visits it was noted that one CMHT office had water leaking through the windows, one CMHT office corridor was closed due to ‘falling debris’, and in one CMHT office staff stated that, when it rained, water came through the ceiling and froze on the floor during winter, causing a slip hazard. **Figure 56**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **9%** of CMHT office staff workspaces were in a poor state.
- **31%** of CMHT office staff workspaces were in an adequate state.
- **60%** of CMHT office staff workspaces were in a good state.

**Figure 56: Staff Workspace State at CMHT Offices in Wales.**



## 12.4. Staff Desks

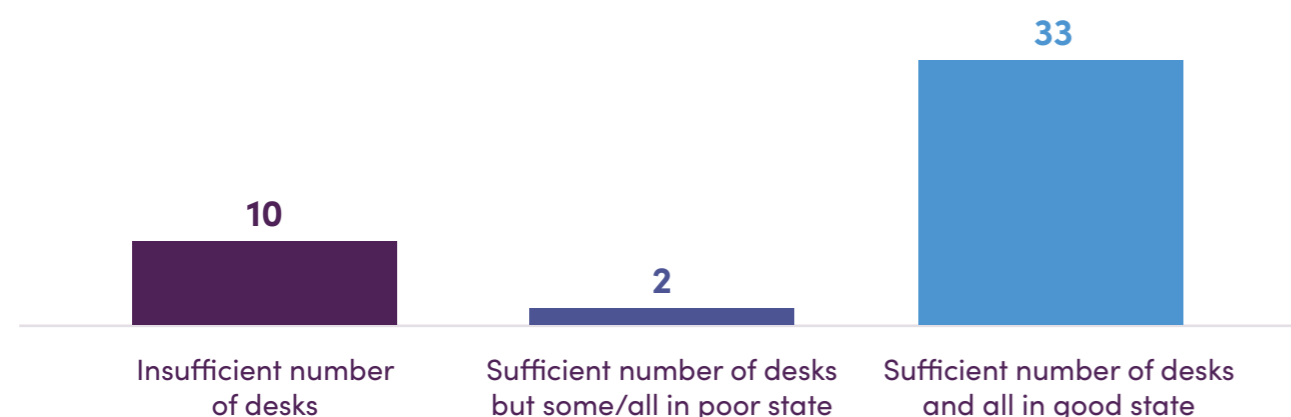
It is essential that there are a sufficient numbers of well-maintained desks for staff working in CMHT offices to use for several reasons, such as:

- **Productivity:** Having a dedicated workspace can help staff stay focused and productive throughout the day. If staff have to share desks or constantly move around to find a place to work, it can be disruptive, which can negatively affect their productivity.
- **Safety:** Scuffed, broken, and damaged desks may pose a health and safety risk.
- **Morale:** Providing a desk for each for staff can help create a sense of belonging and value. It shows that the Health Board values its employees and is committed to providing them with a comfortable and productive work environment.
- **Culture:** A well-organised and well-designed office space can help promote a positive organisational culture. When staff have access to their own desks, they can personalise and organise their workspace to suit their needs, which can enhance their sense of ownership and engagement in their work.

This Spotlight Report examined if CMHT offices had a sufficient number of well-maintained desks for the staff deployed. **Figure 57**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **22%** of CMHT offices had an insufficient number of desks for staff.
- **4%** of CMHT offices had a sufficient number of desks for staff but some/all were in a poor state of repair.
- **73%** of CMHT offices had a sufficient number of well-maintained desks for the staff deployed.

**Figure 57: Staff Desks at CMHT Offices in Wales.**



## Staff Survey Responses

### 12.4a Work Desks – Satisfaction

The survey asked staff about their experience of the work desks at their CMHT office. The survey question was, 'How would you rate your work desk at your CMHT office?'

Over two in ten staff, (25%), did not have a work desk and thought they needed one, or that the one they had was very poor. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**5%** (0) of staff, responding to the survey, stated: **'Haven't got one and don't need one'**

**4%** (4) of staff, responding to the survey, stated: **'Haven't got one and need one'**

**20%** (20) of staff, responding to the survey, stated: **'Very poor'**

**36%** (34) of staff, responding to the survey, stated: **'Acceptable'**

**38%** (37) of staff, responding to the survey, stated: **'Good'**

### 12.4b Work Desks – Importance

The survey asked staff their opinion on the importance of a work desk at the CMHT office. The survey question was, 'Do you think that this issue (work desk) is important for staff?'

Over nine in ten staff, (97%), agreed, or strongly agreed, that a work desk was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**2%** (2) of staff, responding to the survey, stated: **'Strongly disagree'**

**0%** (0) of staff, responding to the survey, stated: **'Disagree'**

**27%** (26) of staff, responding to the survey, stated: **'Agree'**

**70%** (66) of staff, responding to the survey, stated: **'Strongly agree'**

## 12.5. Staff Personal Alarms/Room Alarms

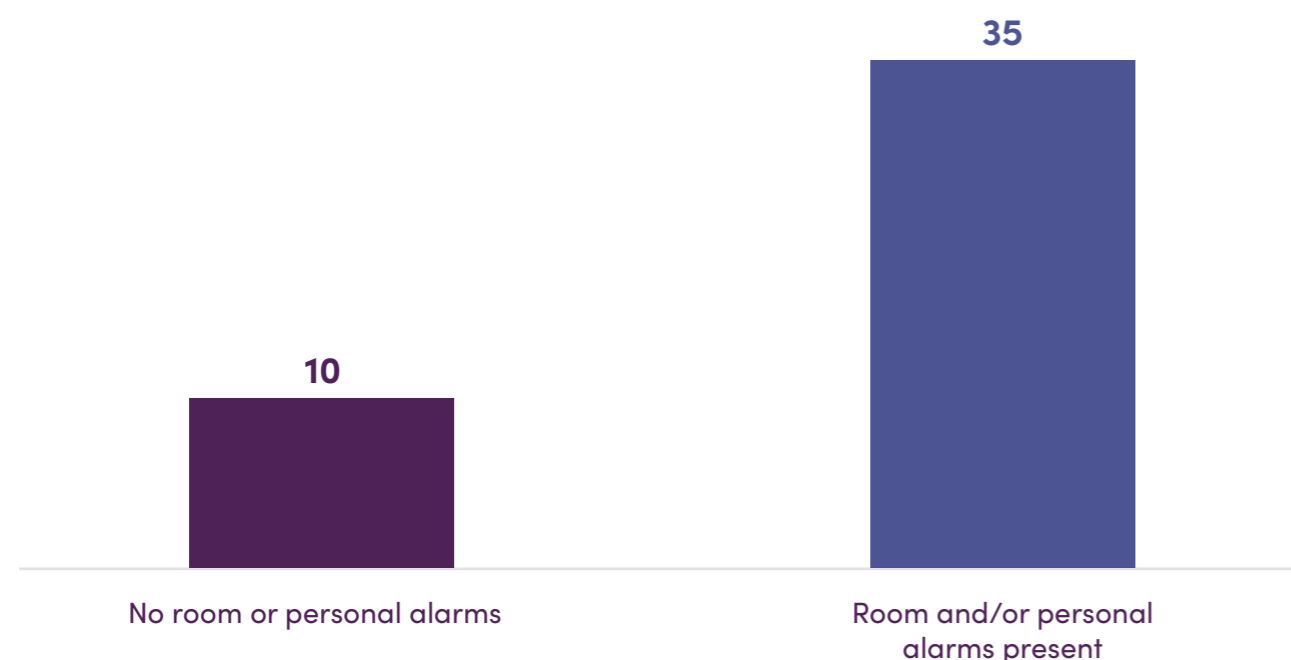
It is essential that CMHT office interview rooms are fitted with call alarms and that staff have personal alarms, for several reasons, such as:

- **Safety:** Room/personal alarms can provide staff with an immediate way to call for help if they feel threatened.
- **Confidence:** Having room/personal alarms can give staff greater confidence in their ability to deal with difficult situations. Knowing that they have a way to call for help may make staff feel safer.
- **Compliance:** It may be a legal or regulatory requirement for services to have in place safety measures to protect staff. Compliance with these requirements is important to avoid potential legal liabilities.

Alarms are usually fitted in reception/interview rooms and/or carried by staff. This Spotlight Report examined if staff in CMHT offices had access to alarms in rooms used for service user interactions or carried personal alarms. **Figure 58**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **22%** of CMHT offices did not have room alarms or provide staff with personal alarms.
- **78%** of CMHT offices had room alarms and/or provided staff with personal alarms.

**Figure 58: Staff Personal Alarms/Room Alarms at CMHT Offices in Wales.**



## Staff Survey Responses

### 12.5a Personal/Room Alarms – Satisfaction

The survey asked staff about their experience of the personal/room alarms at their CMHT office. The survey question was, 'How would you rate your personal/room alarms at your CMHT office?'

Over four in ten staff, (41%), did not have a personal/room alarms and thought they needed them, or that the ones they have were very poor. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**14%** (14) of staff, responding to the survey, stated: 'Haven't got any and don't need any'

**18%** (17) of staff, responding to the survey, stated: 'Haven't got any and need some'

**23%** (22) of staff, responding to the survey, stated: 'Very poor'

**26%** (25) of staff, responding to the survey, stated: 'Acceptable'

**17%** (16) of staff, responding to the survey, stated: 'Good'

### 12.5b Personal/Room Alarms – Importance

The survey asked staff their opinion on the importance of a personal/room alarms at the CMHT office. The survey question was, 'Do you think that this issue (personal/room alarms) is important for staff?'

Over nine in ten staff, (98%), agreed, or strongly agreed, that personal/room alarms was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**0%** (0) of staff, responding to the survey, stated: 'Strongly disagree'

**2%** (2) of staff, responding to the survey, stated: 'Disagree'

**34%** (32) of staff, responding to the survey, stated: 'Agree'

**63%** (59) of staff, responding to the survey, stated: 'Strongly agree'

## 12.6. Interview Room Secure Layout

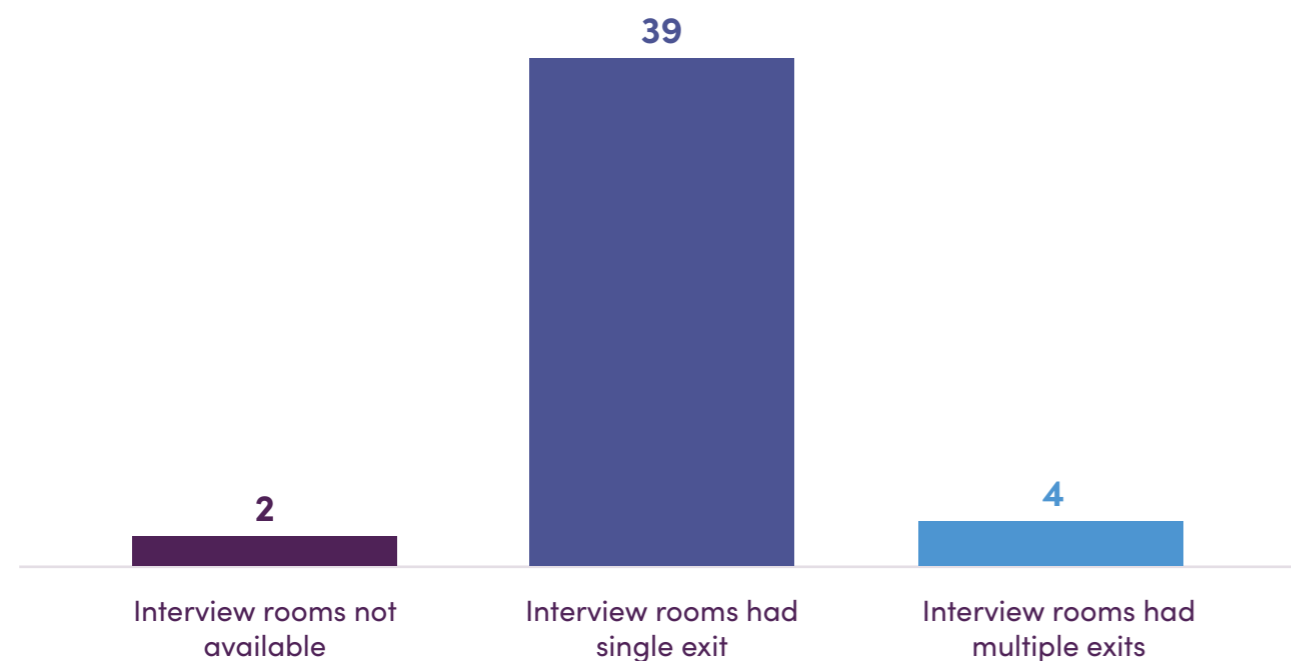
It is essential that CMHT office interview rooms have secure layouts for several reasons, such as:

- **Safety:** In exceptional cases, service users may become distressed, elated or aggressive and block the door of the interview room when inside with staff. Interview rooms with two doors allow staff to exit the room safely and seek support, and are desirable in these rare circumstances.
- **Confidence:** Using an interview room with a secure layout can give staff greater confidence in their ability to deal with difficult situations. Knowing that they have a safe way to exit may make staff feel more secure.
- **Compliance:** It may be a legal or regulatory requirement for services to have in place safety measures to protect staff. Compliance with these requirements is important to avoid potential legal liabilities.

This Spotlight Report examined if staff in CMHT offices interview rooms had more than one exit. **Figure 59**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **4%** of CMHT offices did not have interview rooms.
- **87%** of CMHT offices had a single exit in their interview rooms.
- **9%** of CMHT offices had more than one exit in their interview rooms.

**Figure 59: Interview Room Secure Layout at CMHT Offices in Wales.**



## Staff Survey Responses

### 12.6a Interview Rooms – Risk & Safety Experience

The survey asked staff about the layout of the interview rooms at the CMHT office on their feelings of personal safety or risk. The survey question was, 'Do you ever feel unsafe when using your CMHT office interview rooms?'

Where there were interview rooms at their CMHT office, over three in ten staff (37%), very often or sometimes, felt unsafe due when using them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**22%** (21) of staff, responding to the survey, stated: 'No interview rooms at my CMHT office'

**6%** (6) of staff, responding to the survey, stated: 'Very often'

**21%** (20) of staff, responding to the survey, stated: 'Sometimes'

**31%** (29) of staff, responding to the survey, stated: 'Rarely'

**18%** (17) of staff, responding to the survey, stated: 'Never'

### 12.6b Interview Rooms – Importance

The survey asked staff their opinion on the importance of safe interview rooms at the CMHT office. The survey question was, 'Do you think that this issue (safe interview rooms) is important for staff?'

Over nine in ten staff (97%), agreed, or strongly agreed, that safe interview rooms were an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**2%** (2) of staff, responding to the survey, stated: 'Strongly disagree'

**1%** (1) of staff, responding to the survey, stated: 'Disagree'

**34%** (32) of staff, responding to the survey, stated: 'Agree'

**62%** (58) of staff, responding to the survey, stated: 'Strongly agree'

## 12.7. Staff Toilet Facilities

It is essential for staff based in CMHT offices to have access to well-maintained toilets for several reasons, such as:

- **Comfort:** Access to toilets is a basic human need and providing staff with convenient access to them can help them feel more comfortable and at ease whilst at work.
- **Hygiene:** Access to toilets is essential for maintaining good hygiene and preventing the spread of infections. Providing staff with access to toilets ensures that they can maintain proper hygiene standards and reduce the risk of spreading illness.
- **Productivity:** When staff have access to toilets within the CMHT office, they are less likely to need to leave the work area for long periods. This can help minimise disruptions and improve productivity.
- **Compliance:** Health Boards have a legal obligation to provide their employees with access to toilets.

This Spotlight Report examined if staff had access to toilet facilities at the CMHT office, and the state of repair of these facilities. **Figure 60**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **40%** of CMHT offices had shared toilets (see earlier section).
- **0%** of CMHT offices did not have staff toilets.
- **9%** of CMHT offices had staff toilets in a poor state of repair.
- **51%** of CMHT offices had staff toilets in a good state of repair.

**Figure 60: Staff Toilet Facilities in CMHT Offices in Wales.**



## Staff Survey Responses

### 12.7a Staff Toilets – Satisfaction

The survey asked staff about their experience of the staff toilets at their CMHT office. The survey question was, 'How would you rate the state of staff toilets at your CMHT office?'

Over three in ten staff, (33%), thought that the state of staff toilets at their CMHT office was very poor. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**0%** (0) of staff, responding to the survey, stated: 'No opinion'

**33%** (32) of staff, responding to the survey, stated: 'Very poor'

**45%** (43) of staff, responding to the survey, stated: 'Acceptable'

**21%** (20) of staff, responding to the survey, stated: 'Good'

### 12.7b Staff Toilets – Importance

The survey asked staff their opinion on the importance of well-maintained staff toilets at the CMHT office. The survey question was, 'Do you think that this issue (well-maintained toilets) is important for staff?'

Over nine in ten staff, (96%), agreed, or strongly agreed, that having well-maintained staff toilets was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**3%** (3) of staff, responding to the survey, stated: 'Strongly disagree'

**1%** (1) of staff, responding to the survey, stated: 'Disagree'

**24%** (23) of staff, responding to the survey, stated: 'Agree'

**71%** (67) of staff, responding to the survey, stated: 'Strongly agree'

## 12.8. Staff Shower Facilities

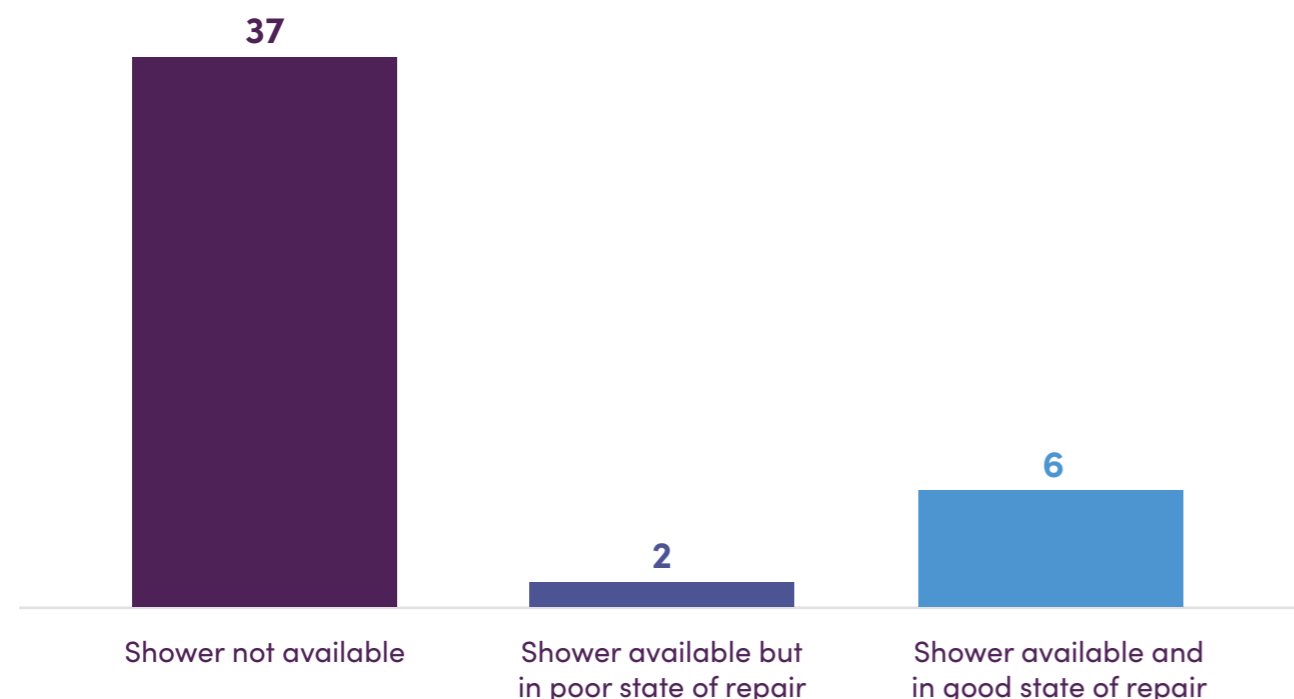
It is desirable for staff based in CMHT offices to have access to shower facilities for several reasons, such as:

- **Environmental:** Having access to a shower can help promote eco-friendly staff transport options, such as walking or cycling.
- **Comfort:** Providing staff with the ability to shower before, during, or after, the workday can be beneficial for their mental and emotional well-being.
- **Reputation:** Providing staff with shower facilities can also enhance a Health Boards image and reputation. It demonstrates that the service values its staff and is willing to invest in their well-being and convenience.

This Spotlight Report examined if staff had access to shower facilities at the CMHT office, and the state of repair of such facilities. **Figure 61**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **82%** of CMHT offices did not have staff shower facilities.
- **4%** of CMHT offices had staff shower facilities but in a poor state of repair.
- **13%** of CMHT offices had staff shower facilities in a good state of repair.

**Figure 61: Staff Shower Facilities in CMHT Offices in Wales.**



## Staff Survey Responses

### 12.8a Staff Showers – Satisfaction

The survey asked staff about their experience of staff showers at their CMHT office. The survey question was, 'How would you rate the state of staff showers at your CMHT office?'

Over four in ten staff, (43%), did not have staff showers and thought they needed some, or that the ones they had were very poor. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**45%** (44) of staff, responding to the survey, stated: **'Haven't got any and don't need any'**

**37%** (35) of staff, responding to the survey, stated: **'Haven't got any and need some'**

**6%** (6) of staff, responding to the survey, stated: **'Very poor'**

**8%** (8) of staff, responding to the survey, stated: **'Acceptable'**

**2%** (2) of staff, responding to the survey, stated: **'Good'**

### 12.8b Staff Showers – Importance

The survey asked staff their opinion on the importance of having staff showers at the CMHT office. The survey question was, 'Do you think that this issue (having staff showers) is important for staff?'

Over six in ten staff, (67%), agreed, or strongly agreed, that having staff showers at the CMHT office was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**2%** (2) of staff, responding to the survey, stated: **'Strongly disagree'**

**30%** (28) of staff, responding to the survey, stated: **'Disagree'**

**41%** (38) of staff, responding to the survey, stated: **'Agree'**

**26%** (24) of staff, responding to the survey, stated: **'Strongly agree'**

## 12.9. Staff Rest Area

It is desirable for staff based in CMHT offices to have access to a designated, comfortable and well-maintained rest area for several reasons, such as:

- **Well-being:** Working in a CMHT can be emotionally demanding, and a rest area provides a quiet and comfortable space for staff to take breaks, reflect, and recharge.
- **Productivity:** By having a rest area, staff can be encouraged to take breaks leading to increased productivity and creativity.
- **Culture:** A rest area can serve as a space for staff to connect and build relationships. By spending time together in a more relaxed setting, staff can get to know each other better and build a sense of camaraderie, which can lead to better communication and collaboration.
- **Recruitment:** By providing a rest area with comfortable seating, Health Boards can demonstrate they value staff well-being and this may improve recruitment and aide retention.

This Spotlight Report examined if staff at the CMHT office had access to a designated, comfortable, and well-maintained rest area. During site visits it was noted that only a few CMHT offices had a modern, spacious, comfortable and well decorated staff rest area, contrasting to the many with poor facilities, even within the same Health Board. **Figure 62**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **51%** of CMHT offices did not have a designated staff rest area.
- **20%** of CMHT offices had a designated staff rest area with either sparse, uncomfortable seating or walls/floors/furnishings in a poor state of repair.
- **29%** of CMHT offices had a designated well-maintained staff rest area with comfortable seating.

**Figure 62: Staff Rest Area in CMHT Offices in Wales.**



## Staff Survey Responses

### 12.9a Staff Rest Area – Satisfaction

The survey asked staff about their experience of the designated staff rest area at their CMHT office. The survey question was, 'How would you rate the state of staff rest area at your CMHT office?'

Over six in ten staff (69%), did not have a staff rest area and thought they needed one, or thought that the one they had was very poor. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**4%** (4) of staff, responding to the survey, stated: **'Haven't got one and don't need one'**

**55%** (53) of staff, responding to the survey, stated: **'Haven't got one and need one'**

**14%** (14) of staff, responding to the survey, stated: **'Very poor'**

**18%** (18) of staff, responding to the survey, stated: **'Acceptable'**

**6%** (6) of staff, responding to the survey, stated: **'Good'**

### 12.9b Staff Rest Area – Importance

The survey asked staff their opinion on the importance of having a staff rest area at the CMHT office. The survey question was, 'Do you think that this issue (staff rest area) is important for staff?'

All staff, (100%), agreed, or strongly agreed, that having a staff rest area at the CMHT office was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**0%** (0) of staff, responding to the survey, stated: **'Strongly disagree'**

**0%** (0) of staff, responding to the survey, stated: **'Disagree'**

**37%** (35) of staff, responding to the survey, stated: **'Agree'**

**62%** (58) of staff, responding to the survey, stated: **'Strongly agree'**

## 12.10. Cold Drinks

It is essential for staff based in CMHT offices to have access to clean drinking water/cold drinks for several reasons, such as:

- **Health:** Drinking enough water is important for overall health and well-being. Dehydration can lead to a range of negative effects, including fatigue, dizziness, and difficulty concentrating.
- **Comfort:** Providing access to clean drinking water/cold drinks can help staff feel more comfortable and supported in their work environment. The availability of cold water in hot weather can be a principal comfort factor.
- **Compliance:** Access to clean drinking water is a basic need, and failure to provide it can result in legal and regulatory issues for employers.
- **Recruitment:** By providing a cold-water dispenser, Health Boards can demonstrate they value staff well-being and this may improve recruitment and aide retention. Conversely, unsafe/discoloured drinking water will be unappealing to potential or existing staff.

This Spotlight Report examined if staff at the CMHT office had access to clean cold drinking water, and through what means. Any 'safe/unsafe' label has been determined by local staff alone. During one site visit, staff stated they used bottled water, as the drinking water was 'discoloured', and 'unfit for consumption'. Note that this Spotlight Report does not state if tap water or a dispenser is preferable, although a water may be colder from a dispenser. **Figure 63**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **2%** of CMHT offices did not, according to staff, provide access to 'safe' cold drinking water.
- **58%** of CMHT offices provided staff with access to 'safe' cold drinking water from a tap.
- **40%** of CMHT offices provided staff access to 'safe' cold drinking water from a cold water cooler/dispenser.

**Figure 63: Staff Access to Cold Drinks in CMHT Offices in Wales.**



## 12.11. Hot Drinks

It is desirable for staff based in CMHT offices to have means for making hot drinks for several reasons, such as:

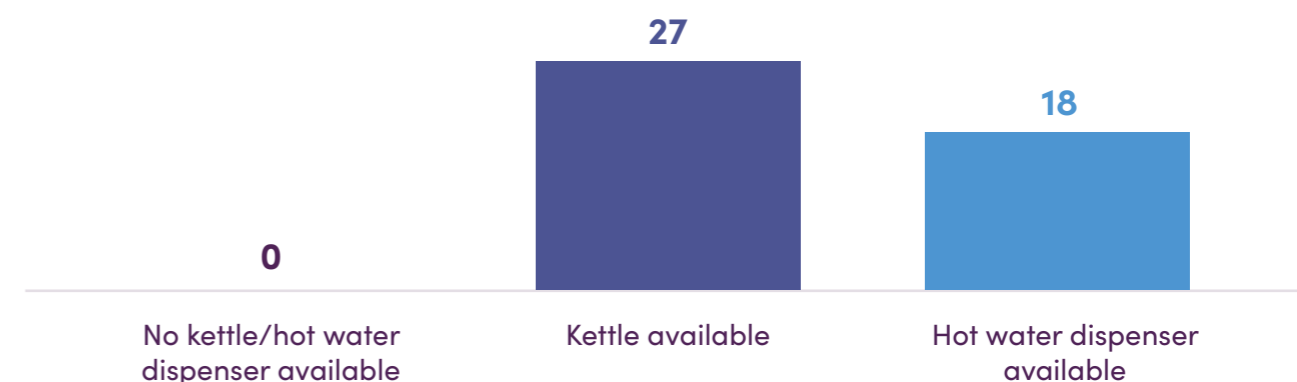
- **Health:** Drinking enough water and other fluids is important for overall health and well-being. Providing staff with access to hot drinks can help them stay hydrated throughout the day.
- **Comfort:** Hot drinks can be a source of comfort and stress relief for staff who may be working in challenging and emotionally demanding situations. This can be especially important during cold weather periods.
- **Hospitality:** Offering hot drinks to service users can be a way of showing hospitality and building rapport.
- **Efficiency:** Having access to hot drinks in the workplace can save staff time and money spent buying drinks from outside the office.

In terms of means for making a hot drink, this is usually through a kettle or a built in hot water dispenser. Hot water dispensers are typically faster to use than kettles, have safety features such as automatic shut-off and overheat protection, and have built-in water filters. Kettles are generally cheaper, and more portable.

This Spotlight Report examined if staff at the CMHT office had access to a means of making a hot drink. Note that this Spotlight Report does not state if a kettle or dispenser is preferable. **Figure 64**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **0%** of CMHT offices did not provide staff with means of making a hot drink.
- **60%** of CMHT offices provided staff access to a kettle.
- **40%** of CMHT offices provided staff access to a hot water dispenser.

**Figure 64: Staff Access to Hot Drinks in CMHT Offices in Wales.**



## 12.12. Food Storage

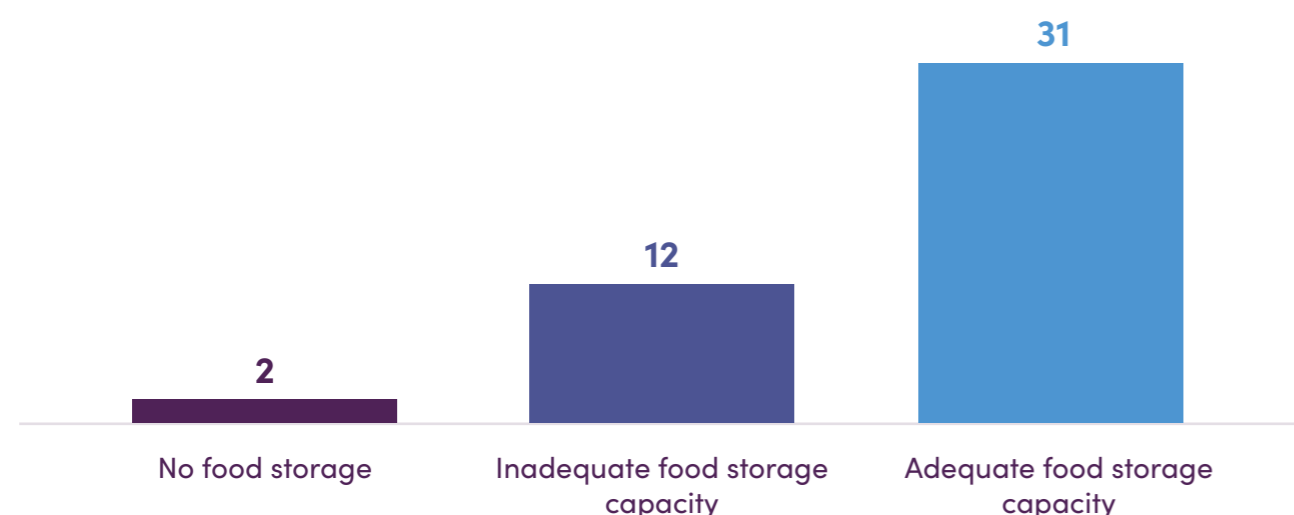
It is desirable for staff based in CMHT offices to have a means for storing food in a designated space, at room temperature, for several reasons, such as:

- **Availability:** Staff should be supported to have regular breaks. Access to food storage cupboards means that busy staff, who may not have time to leave the CMHT office to purchase food, can have access to food.
- **Productivity:** Easy access to food can help prevent hunger and distraction and improve overall health and well-being for busy staff.
- **Cost-effective:** Providing access to food storage cupboards can be a cost-effective way to support staff. Access to food storage may mean staff have less need to purchase food from expensive nearby shops or cafés.
- **Recruitment:** By providing food storage Health Boards can demonstrate they value staff well-being and this may improve recruitment and aide retention.

This Spotlight Report examined if staff at the CMHT office had access to a means of storing food in a designated space and had sufficient capacity according to staff. **Figure 65**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **4%** of CMHT offices did not provide staff with food storage cupboards.
- **27%** of CMHT offices provided staff with food storage cupboards but of an inadequate capacity.
- **69%** of CMHT offices provided staff with food storage cupboards of an adequate capacity.

**Figure 65: Staff Access to Food Storage in CMHT Offices in Wales.**



## Staff Survey Responses

### 12.12a Staff Food Storage Area – Satisfaction

The survey asked staff about their experience of the staff food storage area at their CMHT office. The survey question was, 'How would you rate the state of the staff food storage area at your CMHT office?'

Over three in ten staff, (37%), did not have a food storage area and thought they needed one, or thought that the one they had was very poor. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**2%** (2) of staff, responding to the survey, stated: 'Haven't got one and don't need one'

**12%** (12) of staff, responding to the survey, stated: 'Haven't got one and need one'

**25%** (24) of staff, responding to the survey, stated: 'Very poor'

**42%** (40) of staff, responding to the survey, stated: 'Acceptable'

**17%** (17) of staff, responding to the survey, stated: 'Good'

### 12.12b Staff Food Storage Area – Importance

The survey asked staff their opinion on the importance of having a staff food storage area at the CMHT office. The survey question was, 'Do you think that this issue (food storage area) is important for staff?'

Over nine in ten staff, (96%), agreed, or strongly agreed, that having a food storage area at the CMHT office was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**0%** (0) of staff, responding to the survey, stated: 'Strongly disagree'

**3%** (3) of staff, responding to the survey, stated: 'Disagree'

**46%** (44) of staff, responding to the survey, stated: 'Agree'

**50%** (47) of staff, responding to the survey, stated: 'Strongly agree'

## 12.13. Food Fridge

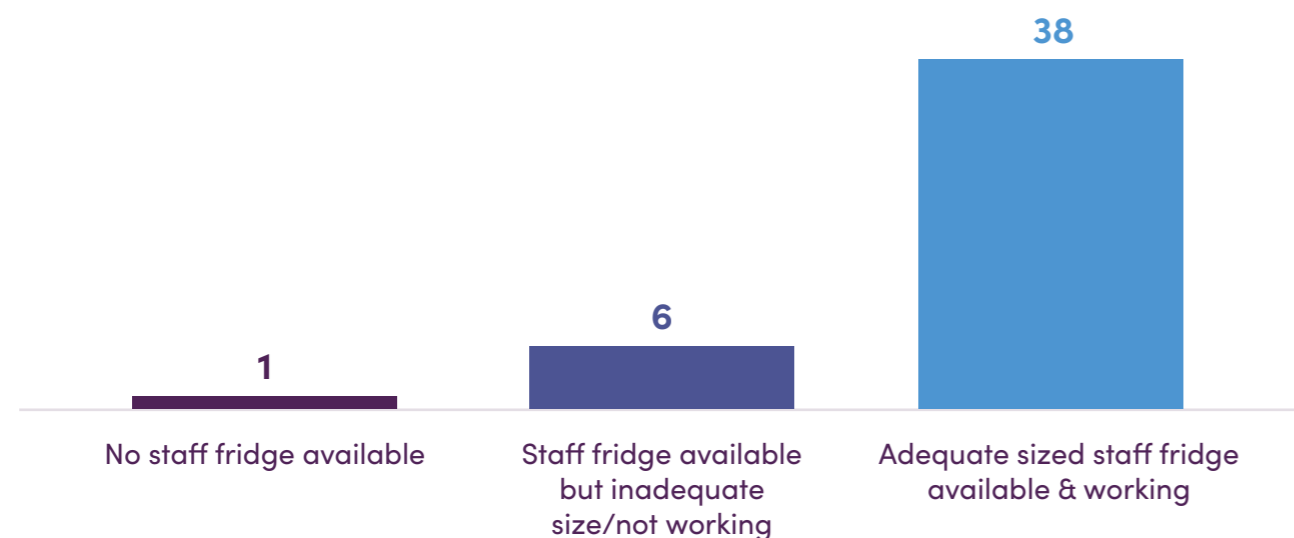
It is desirable for staff based in CMHT offices to have access to a food storage fridge for several reasons, such as:

- **Safety:** Staff having access to a well-maintained fridge may prevent food or drinks otherwise being left in bags, or on desks which may get warm, spoil, or smell.
- **Health:** Staff may have long and busy schedules, which can make it difficult for them to find time to eat. Having access to a food fridge can ensure that they have access to food throughout the day, which can help them stay energised and focused.
- **Convenience:** Having a food fridge can be convenient for staff who may not have the time to leave the office to get food. This can save time and help staff members be more productive.
- **Recruitment:** By providing a fridge, Health Boards can demonstrate they value staff well-being and this may improve recruitment and aide retention.

This Spotlight Report examined if staff at the CMHT office had access to a working, adequately sized, food fridge. **Figure 66**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **2%** of CMHT offices did not provide staff with a food fridge.
- **13%** of CMHT offices provided staff with a food fridge but it was of an inadequate size, or not working.
- **84%** of CMHT offices provided staff with a working food fridge of adequate size.

**Figure 66: Staff Access to Food Fridge in CMHT Offices in Wales.**



## Staff Survey Responses

### 12.13a Staff Fridge – Satisfaction

The survey asked staff about their experience of the staff fridge at their CMHT office. The survey question was, 'How would you rate the state of staff fridge at your CMHT office?'

Over two in ten staff (26%), did not have a staff fridge and thought they needed one, or thought that the one they had was very poor. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**0%** (0) of staff, responding to the survey, stated: 'Haven't got one and don't need one'

**3%** (3) of staff, responding to the survey, stated: 'Haven't got one and need one'

**23%** (22) of staff, responding to the survey, stated: 'Very poor'

**46%** (44) of staff, responding to the survey, stated: 'Acceptable'

**27%** (26) of staff, responding to the survey, stated: 'Good'

### 12.13b Staff Fridge – Importance

The survey asked staff their opinion on the importance of having a staff fridge at the CMHT office. The survey question was, 'Do you think that this issue (staff fridge) is important for staff?'

Over nine in ten staff (98%), agreed, or strongly agreed, that having a food storage area at the CMHT office was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**1%** (1) of staff, responding to the survey, stated: 'Strongly disagree'

**0%** (0) of staff, responding to the survey, stated: 'Disagree'

**43%** (41) of staff, responding to the survey, stated: 'Agree'

**55%** (52) of staff, responding to the survey, stated: 'Strongly agree'

## 12.14. Access to Microwave/Toaster

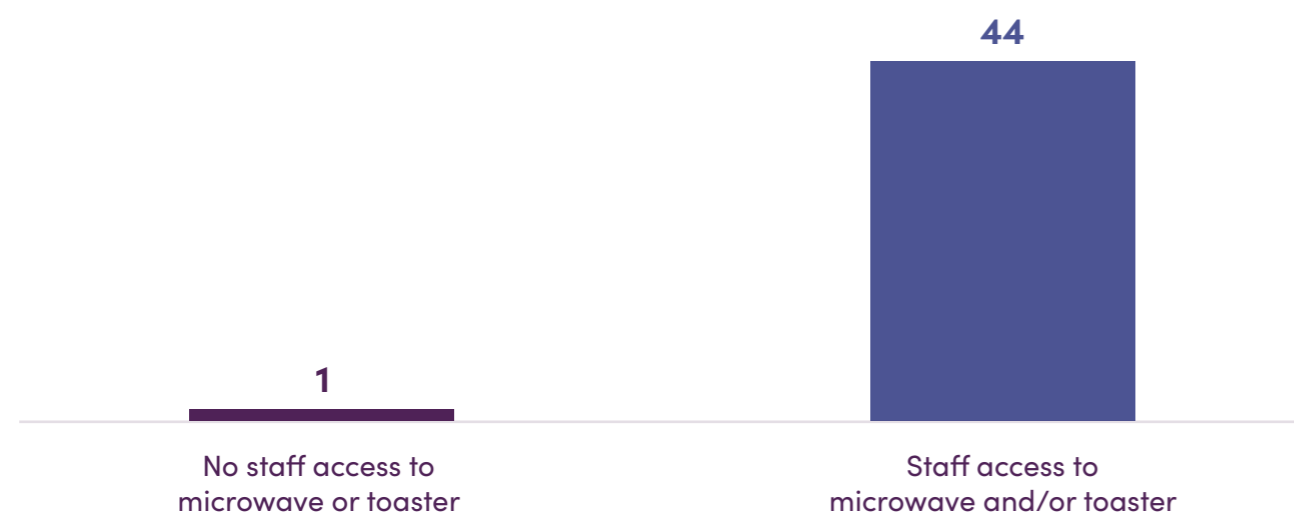
Although it may be down to local guidance, it is desirable for staff based in CMHT offices to have access to a microwave oven and/or toaster for several reasons, such as:

- **Health:** Eating a nutritious meal is essential for maintaining good health. A microwave can enable staff to bring their own healthy meals from home, which can help them avoid unhealthy options available from local shops or cafés.
- **Cost-effectiveness:** Buying lunch every day can be expensive. Having a microwave can encourage staff to bring their own meals from home, which could save money.
- **Inclusivity:** Having a microwave allows staff with dietary restrictions or preferences to bring their own meals from home and ensure that their specific dietary needs are met.
- **Convenience:** Providing a toaster and microwave enables staff to have access to a way of making quick, simple food.
- **Recruitment:** By providing a microwave and toaster, Health Boards can demonstrate they value staff well-being and this may improve recruitment and aide retention.

This Spotlight Report examined if staff at the CMHT office had access to a microwave and/or toaster. Note that this Spotlight Report does not state if the provision of a toaster, microwave, or both, is preferable as it may be due to local guidance and/or available space. **Figure 67**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **2%** of CMHT offices did not have a microwave/toaster that staff could access.
- **98%** of CMHT offices had a microwave and/or toaster that staff could access.

**Figure 67: Staff Access to Microwave/Toaster in CMHT Offices in Wales.**



## Staff Survey Responses

### 12.14a Staff Toaster – Frequency

The survey asked staff about their use of a staff toaster provided at their CMHT office. The survey question was, 'How often do you use the staff toaster at your CMHT office?'

Over one in ten staff (11%), did not have a staff toaster and thought they needed one, and two in ten (29%), used the one they had more than a few times a month. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**4%** (4) of staff, responding to the survey, stated: 'Haven't got one and don't need one'

**11%** (11) of staff, responding to the survey, stated: 'Haven't got one and need one'

**46%** (44) of staff, responding to the survey, stated: 'Never'

**16%** (16) of staff, responding to the survey, stated: 'A few times a year'

**14%** (14) of staff, responding to the survey, stated: 'A few times a month'

**6%** (6) of staff, responding to the survey, stated: 'At least one per week'

### 12.13b Staff Microwave Oven – Frequency

The survey asked staff about their use of a staff microwave oven provided at their CMHT office. The survey question was, 'How often do you use the staff microwave oven at your CMHT office?'

Less than one in ten staff (4%), did not have a staff microwave oven and thought they needed one, and more than six in ten (65%) used the one they had more than a few times a month. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**0%** (0) of staff, responding to the survey, stated: 'Haven't got one and don't need one'

**4%** (4) of staff, responding to the survey, stated: 'Haven't got one and need one'

**7%** (7) of staff, responding to the survey, stated: 'Never'

**22%** (21) of staff, responding to the survey, stated: 'A few times a year'

**28%** (27) of staff, responding to the survey, stated: 'A few times a month'

**37%** (36) of staff, responding to the survey, stated: 'At least once per week'

### 12.14c Staff Toaster Microwave – Importance

The survey asked staff their opinion on the importance of having a staff toaster and microwave at the CMHT office. The survey question was, 'Do you think that this issue (having a staff toaster and microwave) is important for staff?'

Over nine in ten staff, (97%), agreed, or strongly agreed, that having a toaster and microwave for use by staff at the CMHT office was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**1%** (1) of staff, responding to the survey, stated: **'Strongly disagree'**

**1%** (1) of staff, responding to the survey, stated: **'Disagree'**

**53%** (50) of staff, responding to the survey, stated: **'Agree'**

**44%** (42) of staff, responding to the survey, stated: **'Strongly agree'**



**97%**

agreed, or strongly agreed, that having a toaster and microwave for use by staff at the CMHT office was an important issue for them.



## 12.15. Personal Lockers

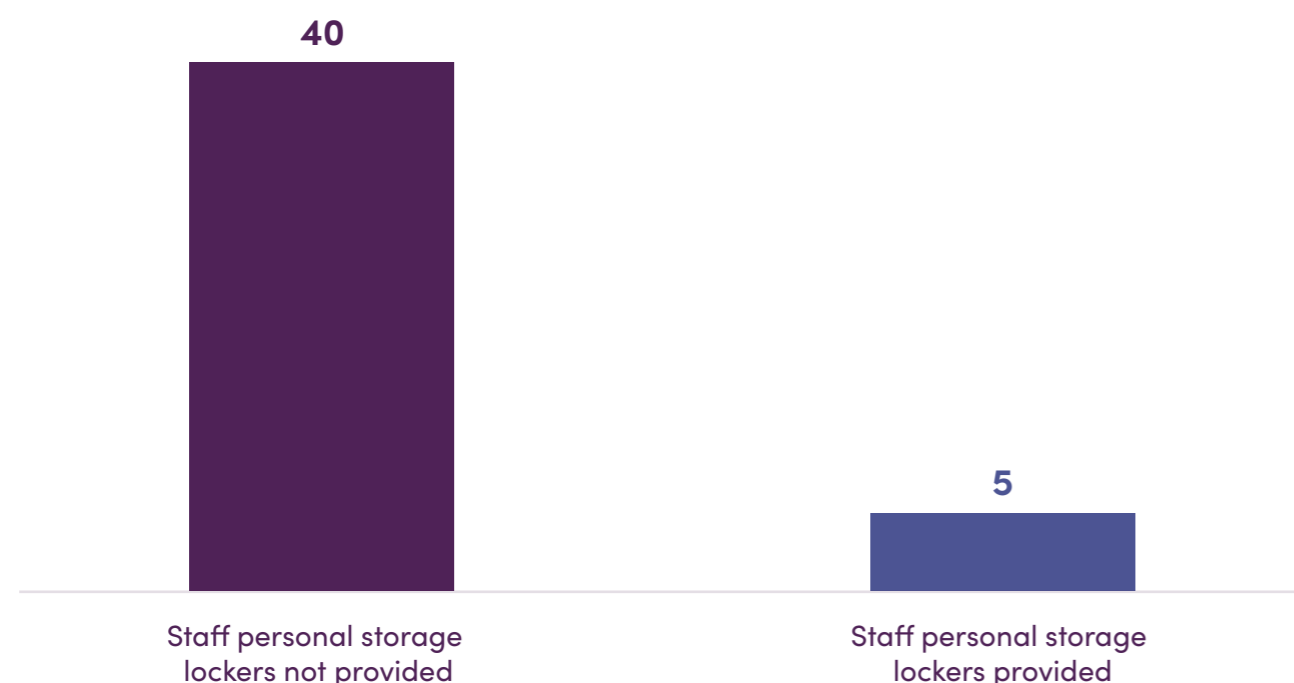
It is desirable for staff based in CMHT offices to have access to a personal storage facilities, or 'lockers', for several reasons, such as:

- **Security:** Lockers provide a secure place for staff to store their personal belongings whilst they are working, such as purses, wallets, and mobile phones. This can help to prevent theft or loss of personal items.
- **Privacy:** Lockers provide a place for staff to store personal items they may not wish to be visible to other staff or visitors such as items for hygiene care or medical devices.
- **Professionalism:** Having access to lockers can help staff maintain a professional appearance by allowing them to store personal items or clothes not required when working. This prevents them being visible in the workspace and creates a more positive image of the service.
- **Recruitment:** By providing personal storage lockers Health Boards can demonstrate they value staff well-being and this may improve recruitment and aide retention.

This Spotlight Report examined if staff at the CMHT office had access to personal storage lockers. **Figure 68**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **89%** of CMHT offices did not provide staff with personal storage lockers.
- **11%** of CMHT offices provided staff with personal storage lockers.

**Figure 68: Staff Personal Storage Lockers in CMHT Offices in Wales.**



## Staff Survey Responses

### 12.15a Staff Personal Storage Lockers – Satisfaction

The survey asked staff about their experience of the staff personal storage lockers at their CMHT office. The survey question was, 'How would you rate the state of personal storage lockers at your CMHT office?'

Over four in ten staff (49%), did not have personal storage lockers and thought they needed some, or thought that the ones they had were very poor. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**36%** (35) of staff, responding to the survey, stated: **'Haven't got any and don't need any'**

**45%** (43) of staff, responding to the survey, stated: **'Haven't got any and need some'**

**4%** (4) of staff, responding to the survey, stated: **'Very poor'**

**5%** (5) of staff, responding to the survey, stated: **'Acceptable'**

**8%** (8) of staff, responding to the survey, stated: **'Good'**

### 12.15b Staff Personal Storage Lockers – Importance

The survey asked staff their opinion on the importance of having a personal storage lockers at the CMHT office. The survey question was, 'Do you think that this issue (personal storage lockers) is important for staff?'

Eight in ten staff, (80%), agreed, or strongly agreed, that having a personal storage lockers at the CMHT office was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**1%** (1) of staff, responding to the survey, stated: **'Strongly disagree'**

**18%** (17) of staff, responding to the survey, stated: **'Disagree'**

**48%** (45) of staff, responding to the survey, stated: **'Agree'**

**32%** (30) of staff, responding to the survey, stated: **'Strongly agree'**

## 12.16. Fire Evacuation

It is desirable that staff based in CMHT offices practice fire evacuation drills for several reasons, such as:

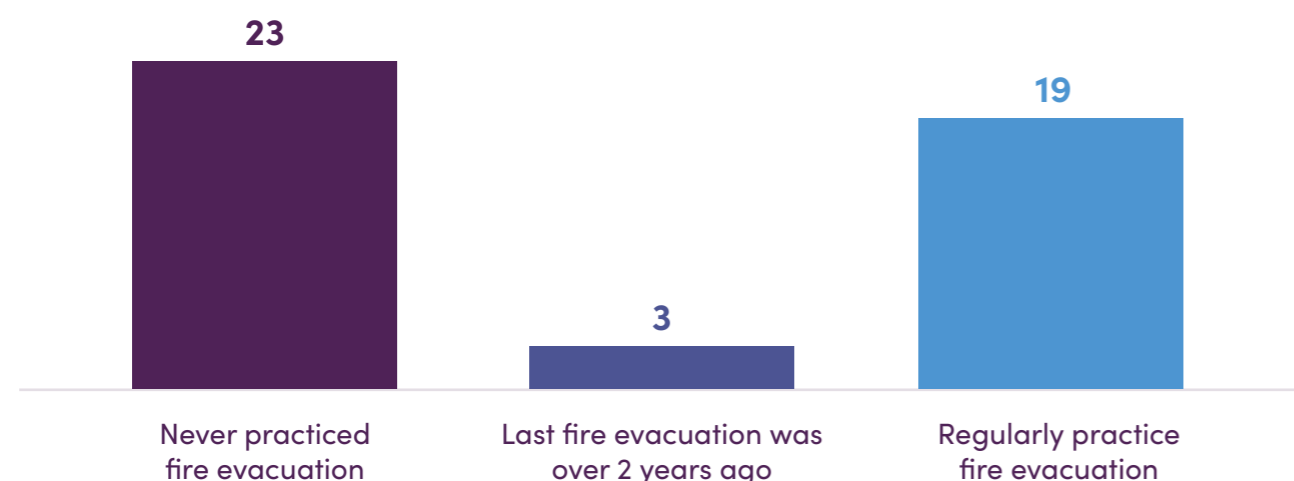
- **Safety:** Fire evacuation drills are important to ensure that staff know what to do in an emergency. This is especially true in a CMHT where some service users may require additional support during an evacuation.
- **Intelligence:** By practicing fire evacuation drills, staff can identify and address any potential obstacles or hazards that may impede a safe evacuation, such as blocked exits or faulty equipment.
- **Confidence:** Practicing fire drills may help staff remain confident, calm and organised, which can be reassuring for service users who may be experiencing anxiety or distress in a real emergency.

Local guidance should stipulate if, and how often, fire evacuation drills take place, but once a year is usual.

This Spotlight Report examined how often staff at the CMHT office practiced fire evacuation drills, according to records or staff recollection. **Figure 69**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **51%** of CMHT offices did not hold fire evacuation drills.
- **7%** of CMHT offices held the last fire evacuation drill over 2 years ago.
- **42%** of CMHT offices held regular fire evacuation drills.

**Figure 69: Fire Evacuation Drill Practice in CMHT Offices in Wales.**



## 12.17. Fire Alarm Testing

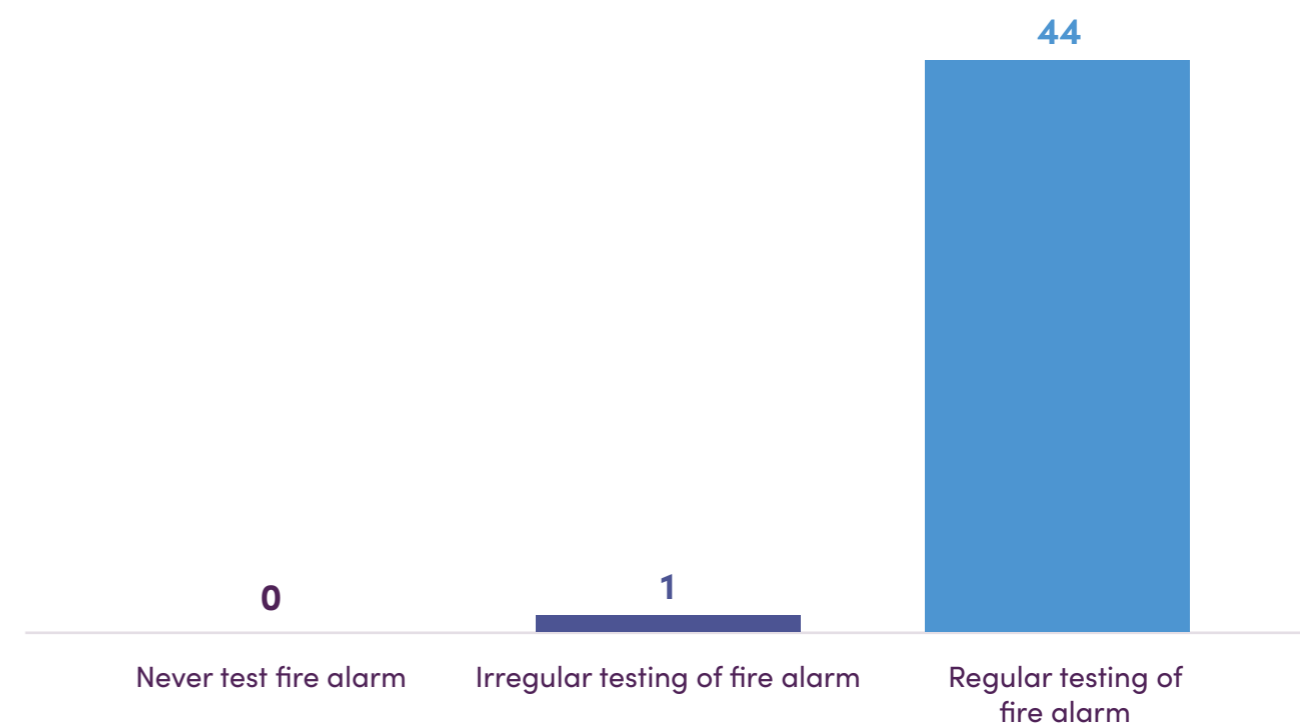
Regularly testing fire alarms in a CMHT office is essential for several reasons, such as:

- **Safety:** Fire alarms are designed to detect fires as early as possible so that people can evacuate the building quickly and safely. Regular testing ensures that the alarms are functioning correctly and provide early warning in the event of a fire.
- **Compliance:** Fire safety regulations require that fire alarms be tested regularly and failure to comply with these regulations can result in fines or even legal action.
- **Comfort:** Knowing that fire alarms are functioning correctly can give staff, and service users, comfort and reduce anxiety around the possibility of a fire.

This Spotlight Report examined if the CMHT office had regularly tested fire alarms, according to records or staff recollection. **Figure 70**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **0%** of CMHT offices fire alarms had not been tested.
- **2%** of CMHT offices fire alarms were tested irregularly.
- **98%** of CMHT offices fire alarms were tested regularly.

**Figure 70: Fire Alarm Testing in CMHT Offices in Wales.**



## 12.18. Office Lone Working

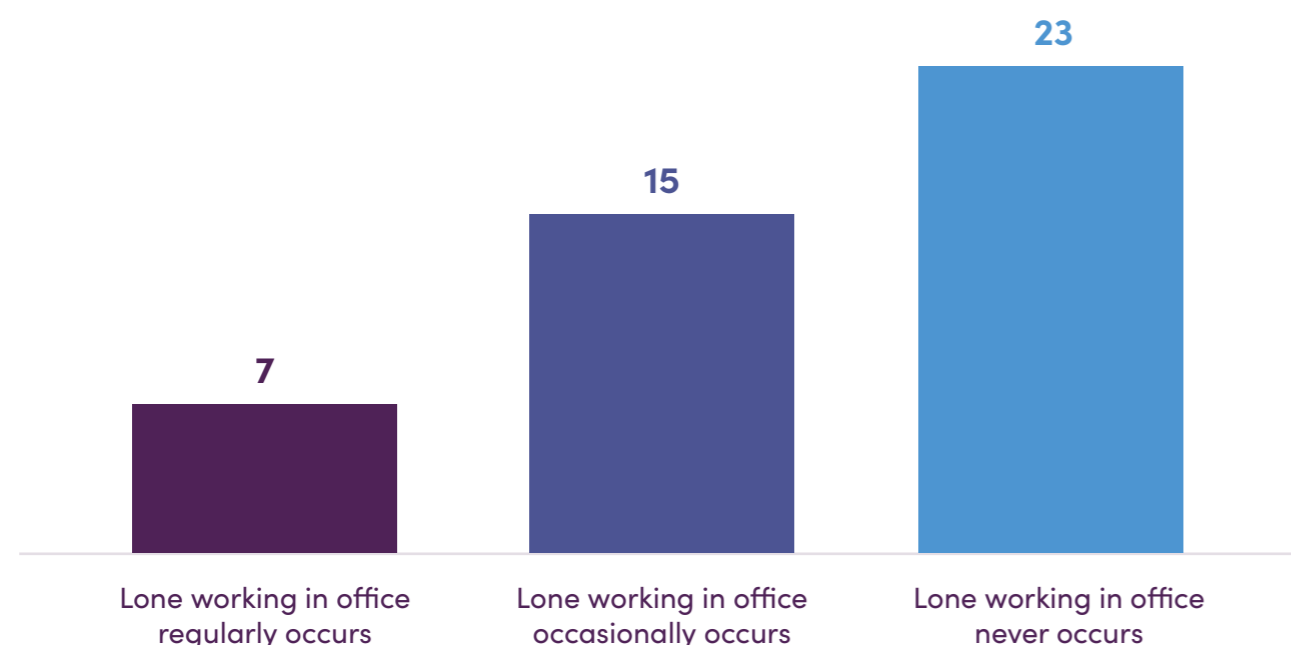
Staff who visit services users in their own home will be subject to the Health Boards lone working policy. It is essential that staff working in a CMHT office also have guidance in place and are discouraged from lone working for several reasons, such as:

- **Health:** If staff are alone in the CMHT office, they may be at a higher risk of injury or harm if there is an accident or emergency. For example, if a lone staff member falls or hurts themselves they may not be able to call for help.
- **Security:** If staff are alone in the CMHT office, the office may be more vulnerable to unauthorised entry.
- **Safety:** Lone working can put CMHT office staff at risk of harm, especially if they are working with individuals who may become agitated.

This Spotlight Report examined if staff at the CMHT office worked alone, according to records or staff recollection. Note the potential risks of lone working will be affected by the location of the CMHT office. In many services lone working was prohibited. **Figure 71**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **16%** of CMHT offices had staff who regularly worked alone.
- **33%** of CMHT offices had staff who occasionally worked alone.
- **51%** of CMHT offices had staff who never worked alone.

**Figure 71: Staff Lone Working in CMHT Offices in Wales.**



## Staff Survey Responses

### 12.18a Lone Working in the CMHT Office – Frequency

The survey asked staff about working alone at their CMHT office. The survey question was, 'How often do you work alone at your CMHT office?'

Seven in ten staff, (70%), worked alone in the CMHT office at least a few times in a year. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**28%** (27) of staff, responding to the survey, stated: **'Never'**

**31%** (30) of staff, responding to the survey, stated: **'A few times a year'**

**17%** (17) of staff, responding to the survey, stated: **'A few times a month'**

**22%** (21) of staff, responding to the survey, stated: **'At least once per week'**

### 12.18b Lone Working in the CMHT Office – Safety – Experience

The survey asked staff about the impact of working alone in the CMHT office on their feelings of personal safety. The survey question was, 'Have you ever felt unsafe due to lone working at the CMHT office?'

Three in ten staff, (30%), sometimes or often, felt unsafe whilst working alone in their CMHT office. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**18%** (18) of staff, responding to the survey, stated: **'Never worked alone'**

**51%** (49) of staff, responding to the survey, stated: **'No'**

**25%** (24) of staff, responding to the survey, stated: **'Sometimes'**

**5%** (4) of staff, responding to the survey, stated: **'Often'**

**0%** (0) of staff, responding to the survey, stated: **'All of the time'**

### 12.18c Lone Working – Importance

The survey asked staff their opinion on the importance of the lone working issue at the CMHT office. The survey question was, 'Do you think that this issue (lone working) is important for staff?'

Nine in ten staff, (90%), agreed, or strongly agreed, that the issue of lone working at the CMHT office was important issue to them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**5%** (5) of staff, responding to the survey, stated: **'Strongly disagree'**

**3%** (3) of staff, responding to the survey, stated: **'Disagree'**

**27%** (26) of staff, responding to the survey, stated: **'Agree'**

**63%** (59) of staff, responding to the survey, stated: **'Strongly agree'**



**90%**

agreed, or strongly agreed,  
that the issue of lone working  
at the CMHT office was  
important issue to them.



## 12.19. Staff Away Days

When staff leave the office environment, to collectively attend workshops or events, it is often called an ‘away day’. These away days can be challenging to organise or fund, but are desirable to organise, for several reasons, such as:

- **Team-building:** Away days provide an opportunity for staff to bond and build relationships outside of the office environment. This can lead to improved communication and collaboration.
- **Refresh:** Working in a CMHT can be emotionally challenging. Away days can provide a break from normal routine and allow staff to recharge and refocus.
- **Training:** Away days can be used as an opportunity to provide training and development to staff. This can be a chance for staff to learn new skills or approaches to their work, which can improve the quality of care provided.
- **Reflection:** Away days can provide a space for staff to reflect on their work and share experiences with colleagues. This can be particularly valuable in a mental health context, where staff may be dealing with complex and challenging issues.
- **Recruitment:** By organising regular away days, Health Boards can demonstrate they value staff well-being and this may improve recruitment and aide retention.

This Spotlight Report examined if staff in the CMHT office regularly attended away days according to records or staff recollection. **Figure 72**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **62%** of CMHT offices did not organise staff away days.
- **18%** of CMHT offices last organised away day occurred over 2 years ago.
- **20%** of CMHT offices away days were organised regularly.

**Figure 72: CMHT Staff Away Days in Wales.**



## Staff Survey Responses

### 12.19a Staff Away Days – Frequency

The survey asked staff about their experience of away days. The survey question was, ‘How often do you have away days?’.

Over seven in ten staff, (76%), have never had, or could not remember having, staff away days. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**56%** (53) of staff, responding to the survey, stated: ‘Never’

**20%** (19) of staff, responding to the survey, stated: ‘Been that long I can’t remember’

**8%** (8) of staff, responding to the survey, stated: ‘Every few years’

**9%** (9) of staff, responding to the survey, stated: ‘Once a year’

**5%** (5) of staff, responding to the survey, stated: ‘Few times a year’

### 12.19b Staff Away Days – Opinion

The survey asked staff if away days should occur more often. The survey question was, ‘Do you believe away days should be held more often?’.

Eight in ten staff, (80%), thought staff away days should be held more often than at present. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**11%** (11) of staff, responding to the survey, stated: ‘No they are a waste of time’

**7%** (7) of staff, responding to the survey, stated: ‘No they are held just the right amount of times’

**80%** (75) of staff, responding to the survey, stated: ‘Yes they should be held more often’

### 12.19c Staff Away – Importance

The survey asked staff their opinion on the importance of having staff away days. The survey question was, 'Do you think that this issue (away days) is important for staff?'

Over nine in ten staff, (94%), agreed, or strongly agreed, that attending away days was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**1%** (1) of staff, responding to the survey, stated: **'Strongly disagree'**

**4%** (4) of staff, responding to the survey, stated: **'Disagree'**

**37%** (35) of staff, responding to the survey, stated: **'Agree'**

**57%** (54) of staff, responding to the survey, stated: **'Strongly agree'**



# 94%

agreed, or strongly agreed, that attending away days was an important issue for them.



## 12.20. Management Supervision

Management supervision is concerned with the personnel, operational and administrative aspects of service delivery, while clinical supervision focuses on the professional and clinical aspects. Both forms of supervision are important in ensuring that the CMHT delivers high-quality care.

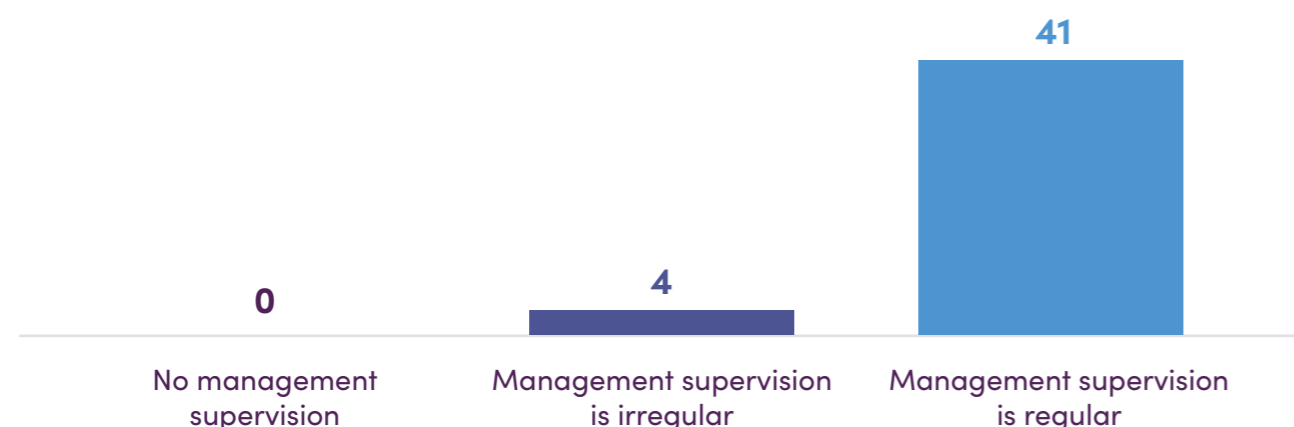
Receiving regular management supervision is essential for staff for several reasons, such as:

- **Support:** Management supervision provides a forum for staff to discuss issues or concerns related to their work, and receive support from their supervisor.
- **Accountability:** Management supervision ensures that staff are accountable for their actions and decisions in relation to attitude, behaviour, and adherence to policy.
- **Cohesion:** Regularly meeting their supervisor, and discussing challenging and positive team interactions, can help staff to create a more cohesive and effective CMHT, which can ultimately benefit service users.
- **Retention:** Receiving regular management supervision can help to promote a culture of positive values and behaviour, continuous learning, and personal development within the CMHT, which can lead to better job satisfaction and staff retention.

This Spotlight Report examined whether that, according to records, or staff recollection, staff received regular management supervision from their supervisor. **Figure 73**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **0%** of CMHT offices had staff that never received management supervision.
- **9%** of CMHT offices had staff that received irregular management supervision.
- **91%** of CMHT offices had staff that received regular management supervision.

**Figure 73: Management Supervision of CMHT Staff in Wales.**



## Staff Survey Responses

### 12.20a Management Supervision – Frequency

The survey asked staff about their experience of management supervision. The survey question was, 'How often do you have management supervision?'

Over two in ten staff, (21%), have never had management supervision, or had it once per year or less. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**10%** (10) of staff, responding to the survey, stated: 'Never'

**11%** (11) of staff, responding to the survey, stated: 'Once a year or less often'

**47%** (45) of staff, responding to the survey, stated: 'Few times a year'

**23%** (22) of staff, responding to the survey, stated: 'Few times a month'

**7%** (7) of staff, responding to the survey, stated: 'Once a week or more often'

### 12.20b Management Supervision – Opinion

The survey asked staff if management supervision should occur more often. The survey question was 'Do you believe management supervision should be more often?'

Over six in ten staff, (69%), thought management supervision currently occurred at the right frequency. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**4%** (4) of staff, responding to the survey, stated: 'No it is a waste of time'

**69%** (66) of staff, responding to the survey, stated: 'No it takes place just the right amount of time now'

**26%** (25) of staff, responding to the survey, stated: 'Yes they should take place more often'

## 12.20c Management Supervision – Importance

The survey asked staff their opinion on the importance of management supervision. The survey question was, 'Do you think that this issue (management supervision) is important for staff?'

Over nine in ten staff, (98%), agreed, or strongly agreed, that management supervision was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**1%** (1) of staff, responding to the survey, stated: **'Strongly disagree'**

**0%** (0) of staff, responding to the survey, stated: **'Disagree'**

**36%** (34) of staff, responding to the survey, stated: **'Agree'**

**62%** (59) of staff, responding to the survey, stated: **'Strongly agree'**



# 98%

agreed, or strongly  
agreed, that management  
supervision was an  
important issue for them.



## 13. Clinical Care

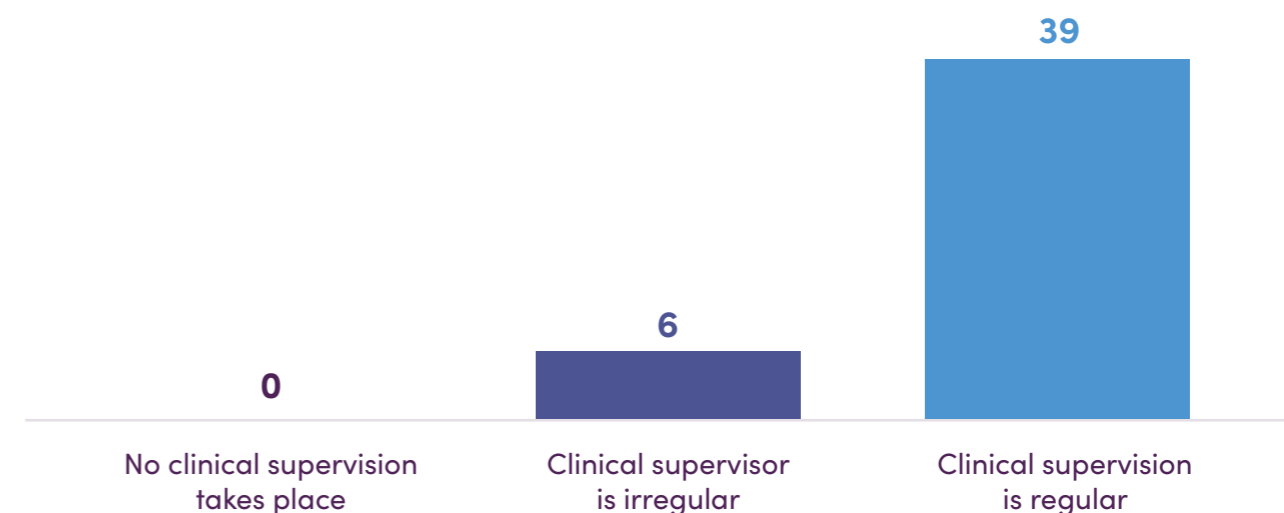
Clinical supervision focuses on the professional and clinical aspects of service delivery, while management supervision is concerned with the operational and administrative aspects. Both forms of supervision are important in ensuring that the CMHT delivers high-quality care. Receiving regular clinical supervision is essential for staff in a CMHT for several reasons, such as:

- **Development:** Clinical supervision offers an opportunity for staff to enhance their skills, knowledge, and clinical expertise. It helps them to reflect on their practice, identify areas for improvement, and learn new ways of working.
- **Support:** Working in a CMHT can be emotionally demanding, and staff may encounter challenging situations. Clinical supervision provides a safe and supportive space for staff to discuss their emotional reactions, process their feelings, and receive validation on their responses.
- **Accountability:** Clinical supervision ensures that staff are accountable for their practice and that they are adhering to professional and ethical standards. It provides an opportunity for staff to receive feedback about their clinical practice, discuss any concerns or issues, and develop strategies for addressing them.
- **Risk:** Clinical supervision helps to identify and manage risk factors that may affect staff, public or service user safety. In clinical supervision staff can discuss any risk issues related to their practice, such as safeguarding concerns, and receive guidance on how to manage them appropriately.
- **Improvement:** Regular clinical supervision can enhance the quality of care by promoting a culture of continuous learning and improvement. Staff can discuss cases, share ideas, and receive feedback on their interventions, leading to better outcomes for service users.
- **Recruitment:** Receiving regular clinical supervision can help to promote a culture of effective clinical care and personal development within the CMHT, which can lead to better job satisfaction and staff retention.

### 13.1. Clinical Supervision

- This Spotlight Report examined whether, according to records or staff recollection, CMHT staff received regular clinical supervision from their clinical supervisor. **Figure 74**, shows these findings across the 45 CMHT offices in Wales, the proportions were:
- **0%** of CMHT offices had staff that never received clinical supervision
- **13%** of CMHT offices had staff that received irregular clinical supervision
- **87%** of CMHT offices had staff that received regular clinical supervision.

**Figure 74: Clinical Supervision of CMHT Staff in Wales.**



## Staff Survey Responses

### 13.1a Clinical Supervision – Frequency

The survey asked staff about their experience of clinical supervision. The survey question was, ‘How often do you have clinical supervision?’.

Over two in ten staff, (26%), who were eligible, did not have dedicated clinical supervision at all, or had it once a year, or less frequently. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**18%** (17) of staff, responding to the survey, stated: ‘**I am not a clinician**’

**9%** (8) of staff, responding to the survey, stated: ‘**It takes place at the same time as management supervision**’

**9%** (8) of staff, responding to the survey, stated: ‘**Never**’

**4%** (4) of staff, responding to the survey, stated: ‘**Once a year or less often**’

**38%** (35) of staff, responding to the survey, stated: ‘**Few times a year**’

**15%** (14) of staff, responding to the survey, stated: ‘**Once a month**’

**8%** (7) of staff, responding to the survey, stated: ‘**Once a week**’

### 13.1b Clinical Supervision – Opinion

The survey asked staff if clinical supervision should occur more often. The survey question was, ‘Do you believe clinical supervision should be more often?’.

Over three in ten staff, (35%), thought they should receive clinical supervision more often than at present. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**2%** (2) of staff, responding to the survey, stated: ‘**No it is a waste of time**’

**63%** (52) of staff, responding to the survey, stated: ‘**No it takes place just the right amount of time now**’

**35%** (29) of staff, responding to the survey, stated: ‘**Yes it should take place more often**’

### 13.1c Clinical Supervision – Importance

The survey asked staff their opinion on the importance of clinical supervision. The survey question was, ‘Do you think that this issue (clinical supervision) is important for staff?’.

All staff, (100%), agreed, or strongly agreed, that clinical supervision was an important issue for them. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**0%** (0) of staff, responding to the survey, stated: ‘**Strongly disagree**’

**0%** (0) of staff, responding to the survey, stated: ‘**Disagree**’

**32%** (29) of staff, responding to the survey, stated: ‘**Agree**’

**68%** (62) of staff, responding to the survey, stated: ‘**Strongly agree**’



# 100%

agreed, or strongly agreed,  
that clinical supervision was  
an important issue for them.

### 13.2. Digital Care Notes

The use of digital care notes, an electronic system to hold and share historical and contemporaneous records and care plans, at a CMHT office is essential for reasons, such as:

- **Accessibility:** Digital care notes enables the CMHT to access information remotely, and coordinate care more effectively, if they are away from the office or working from home.
- **Efficiency:** Digital care notes can be created, edited, and stored quicker than paper notes, improving efficiency and reducing the time the CMHT spend on administrative tasks.
- **Historical information:** Digital care notes can store a service users entire medical history enabling the CMHT to have the full picture of the service user’s journey through care. This historical picture enables greater understanding of the effectiveness and outcomes of past interventions and risk management strategies, so as to ensure current and future care is optimal.
- **Accuracy:** Digital care notes are typically more accurate than paper notes, as they can be checked for errors and inconsistencies using automated tools.
- **Integration:** Digital care notes can be integrated with other electronic health records systems, such as social care, primary care and physical care, allowing the CMHT access to a holistic view of a service user’s medical, social and mental health history and treatment.

This Spotlight Report examined whether staff at the CMHT office used digital care notes. During site visits it was noted that those CMHT sites not utilising digital care notes, typically had more cramped offices and less staff facilities. **Figure 75**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **27%** of CMHT offices did not use digital care notes.
- **73%** of CMHT offices used digital care notes.

**Figure 75: Management Supervision of CMHT Staff in Wales.**



### 13.3. Hand Sanitiser Dispenser

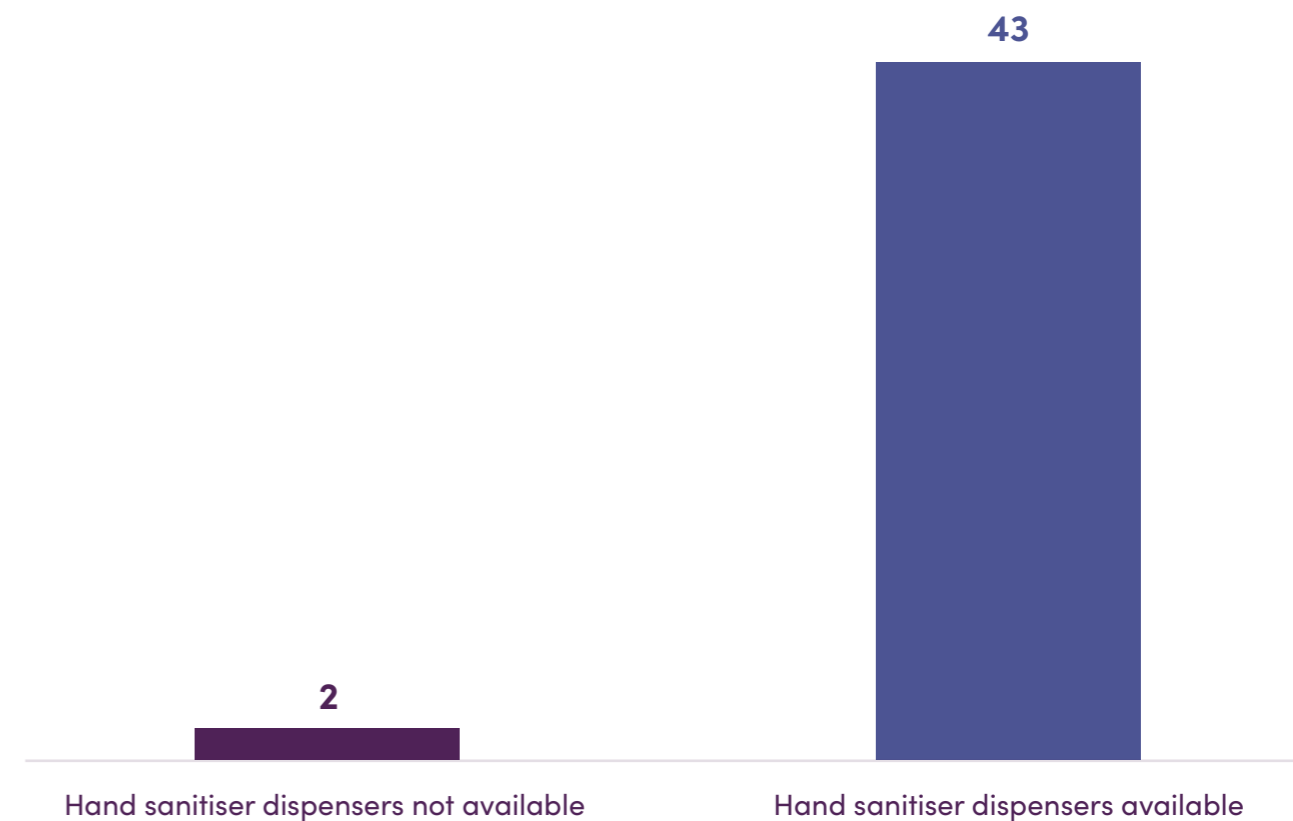
Having hand sanitiser dispensers available for staff and service users to use in a CMHT office is essential for several reasons, such as:

- **Infection control:** Using hand sanitiser helps to prevent the spread of infections and illnesses, including COVID-19. Staff in a CMHT may interact with various individuals, including colleagues, service users and carers. Staff using hand sanitiser between these contacts can help minimise the risk of cross-contamination and reduce the spread of germs within the community.
- **Confidence:** The visibility and use of hand sanitisers can help promote confidence in staff, visitors and service users that the CMHT takes infection control seriously.

This Spotlight Report examined whether hand sanitiser dispensers were available in the CMHT office. **Figure 76**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **4%** of CMHT offices did not have hand sanitiser dispensers available.
- **96%** of CMHT offices had hand sanitiser dispensers available.

**Figure 76: Hand Sanitiser Dispensers in CMHT Offices in Wales.**



### 13.4. Hand-Washing Facilities

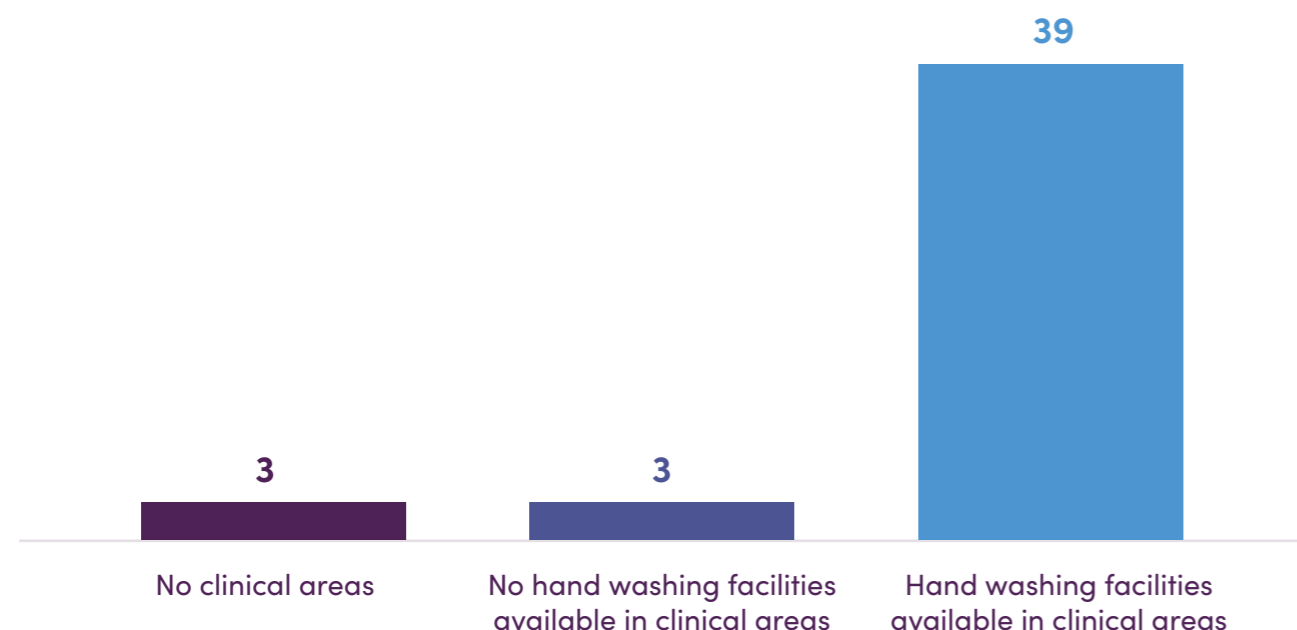
Having hand-washing facilities available for staff to use, in all clinical areas of a CMHT office, is essential for several reasons, such as:

- **Infection control:** Staff may engage in physical contact with service users, which may result in exposure to bodily fluids, such as blood or saliva, which can transmit infections. Hand-washing is one of the most effective ways to prevent the spread of infections and illnesses, including COVID-19. Staff may also handle medications, medical equipment, and other materials that could harbour harmful organisms and hand-washing minimises the spread of these and reduces the risk of cross-contamination.
- **Confidence:** The availability of hand-washing facilities in clinical areas can help promote confidence in staff that the service takes hygiene seriously.

This Spotlight Report examined whether hand-washing facilities were available all clinical areas of the CMHT office. During site visits it was noted that at least one CMHT office had no hand-washing facilities but did undertake clinical work, such as taking bloods. **Figure 77**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **7%** of CMHT offices did not have any clinical areas.
- **7%** of CMHT offices did not have hand-washing facilities available in all clinical areas.
- **87%** of CMHT offices had hand-washing facilities available in all clinical areas.

**Figure 77: Hand-Washing Facilities in Clinical Areas in CMHT Offices in Wales.**



### 13.5. Facility to Take Blood Samples

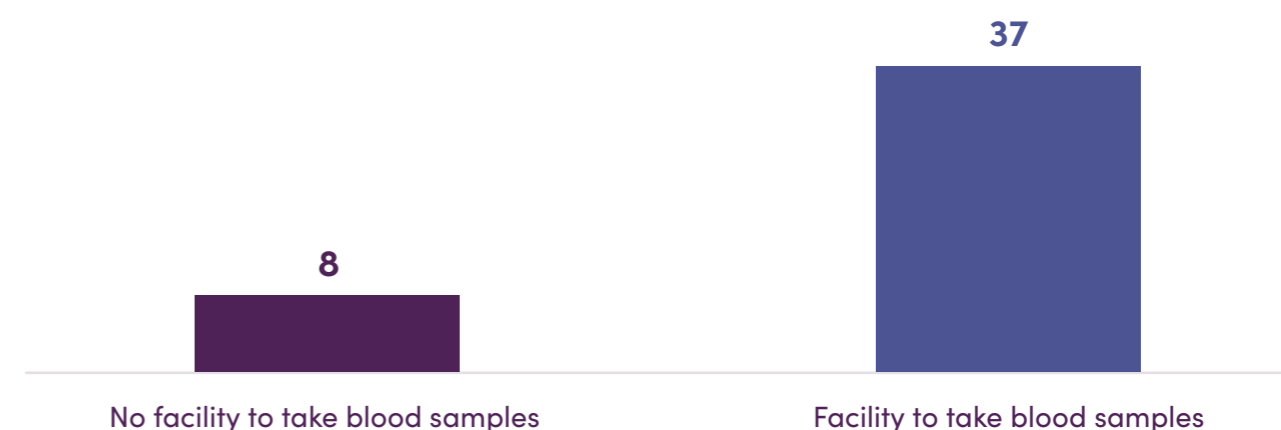
The facility to take blood samples for testing, or 'blood tests', is desirable at a CMHT office for several reasons, such as:

- **Holistic:** Service users are more likely to have physical health problems, such as diabetes or cardiovascular disease, which require regular 'blood tests'. Having the facility to take blood samples for testing at the CMHT office can improve the efficiency of care and ensure that service users receive timely and appropriate medical attention.
- **Convenience:** Service users may require 'blood tests' to assess their physical health and monitor any medication side effects. Having the facility to take blood samples for testing at the CMHT office can reduce the need for service users to travel to other healthcare facilities for this intervention.
- **Proficiency:** Some service users may be reluctant to provide blood samples for testing at other healthcare facilities. Staff can use of their skills and knowledge to engage with service users and encourage them to have blood samples taken.
- **Effectiveness:** If service users requires medication adjustments based on 'blood tests' results, having the facility to take blood samples for testing at the CMHT office can expedite the process, and effect the necessary treatment changes.

This Spotlight Report examined whether the CMHT office had the facilities available for staff to take blood samples for testing. **Figure 78**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **18%** of CMHT offices did not have the facilities available for staff to take blood samples.
- **82%** of CMHT offices did have the facilities available for staff to take blood samples.

**Figure 78: Facility to Take Blood Samples at CMHT Offices in Wales.**



### 13.6. Facility to Dispense Medication

The facility to take dispense specific mental health medications at a CMHT office is desirable for several reasons, such as:

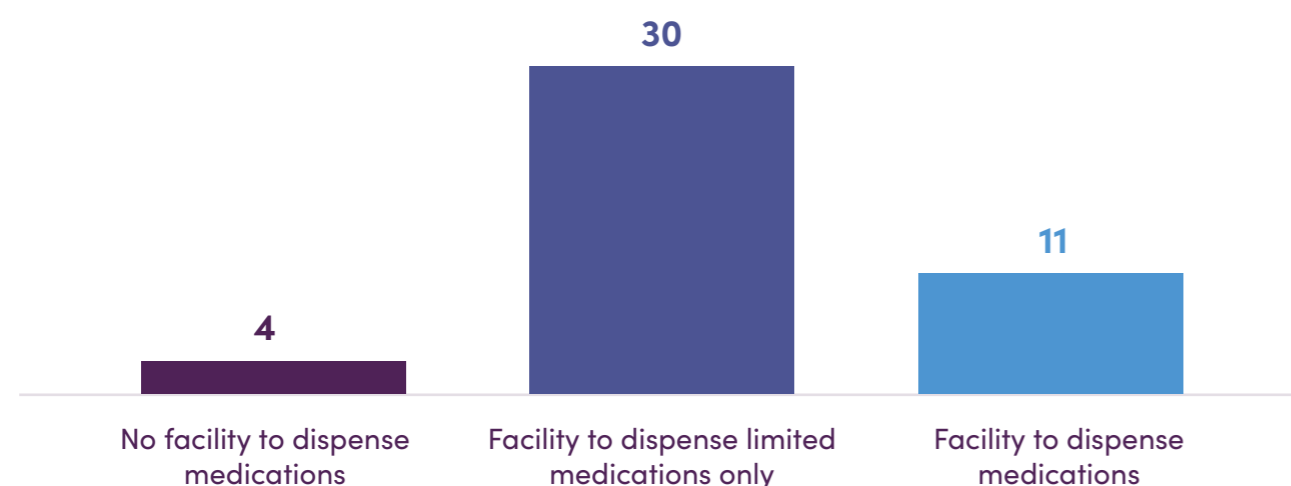
- **Convenience:** It may be more convenient for service users to receive their medication at the CMHT office rather than having to go to a pharmacy.
- **Concordance:** A dispensing area provides an option for service users who may have no storage area for medication storage at home. It also provides an option for observed medication administration if there are concordance issues.
- **Effectiveness:** Service users may require medication urgently or may forget to take their medication at the appropriate time, and having staff who can dispense medication on site can help ensure they receive the medication they need when they need it.

Some CMHT offices only have the facility to dispense a limited range of specific medications, commonly those used for the treatment of mental illness.

This Spotlight Report examined whether the CMHT office had the facilities for staff to dispense medications. Note that this Spotlight Report does not state if a limited or broad range dispensing facility is preferable. **Figure 79**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **9%** of CMHT offices had no facility to dispense medications.
- **67%** of CMHT offices had the facility to dispense a limited range of medications.
- **24%** of CMHT offices had the facility to dispense a broad range of medications.

**Figure 79: Facilities to Dispense Medication at CMHT Offices in Wales.**



### 13.7. Physical Health Examination Facilities

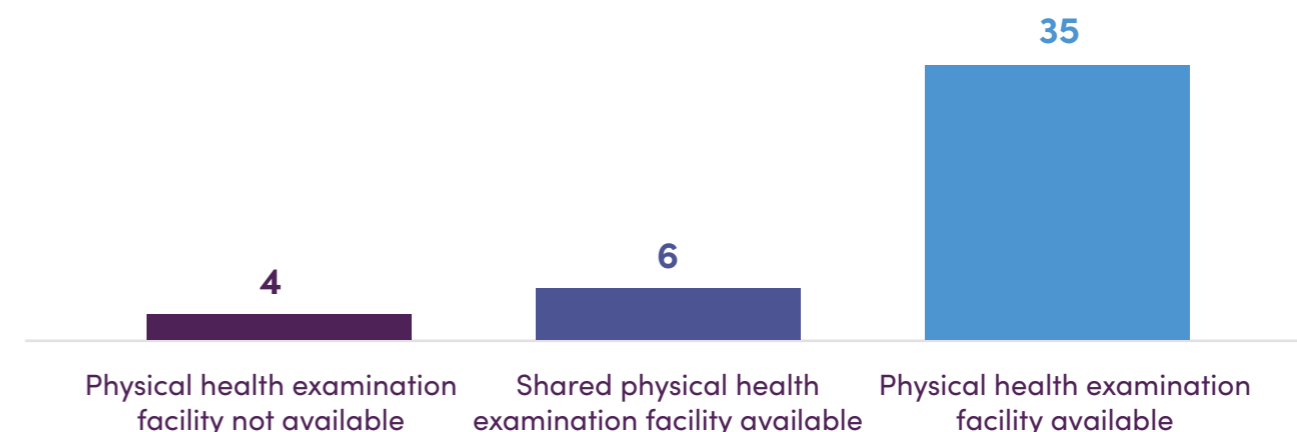
There is a well evidenced mortality gap between those with, and those without, severe and enduring mental illness and the importance of valuing mental health and physical health equally. The facility to undertake physical health examinations or interventions is desirable at a CMHT office for several reasons, such as:

- **Holistic:** Many individuals with mental illness also have physical health issues that require attention. Having access to a physical health examination room enables staff to provide holistic care, including assessing vital signs, performing basic physical examinations, and monitoring chronic health conditions.
- **Efficiency:** Having a physical health examination room in the CMHT office streamlines the care process for service users, reducing the need for them to visit multiple healthcare facilities for their mental and physical healthcare needs.
- **Urgency:** Having a physical health examination room in the CMHT office will enable rapid response, diagnosis and/or interventions.

The physical health examination room may be for the exclusive use of the CMHT or shared with other healthcare services, although shared facilities may compromise privacy. This Spotlight Report examined whether staff at the CMHT office had access to an exclusive or shared physical health examination room. **Figure 80**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **9%** of CMHT offices did not have a physical health examination room.
- **13%** of CMHT offices had a shared physical health examination room.
- **78%** of CMHT offices had a physical health examination room.

**Figure 80: Physical Examination Facilities at CMHT Offices in Wales.**



### 13.8. Cardiopulmonary Resuscitation Training

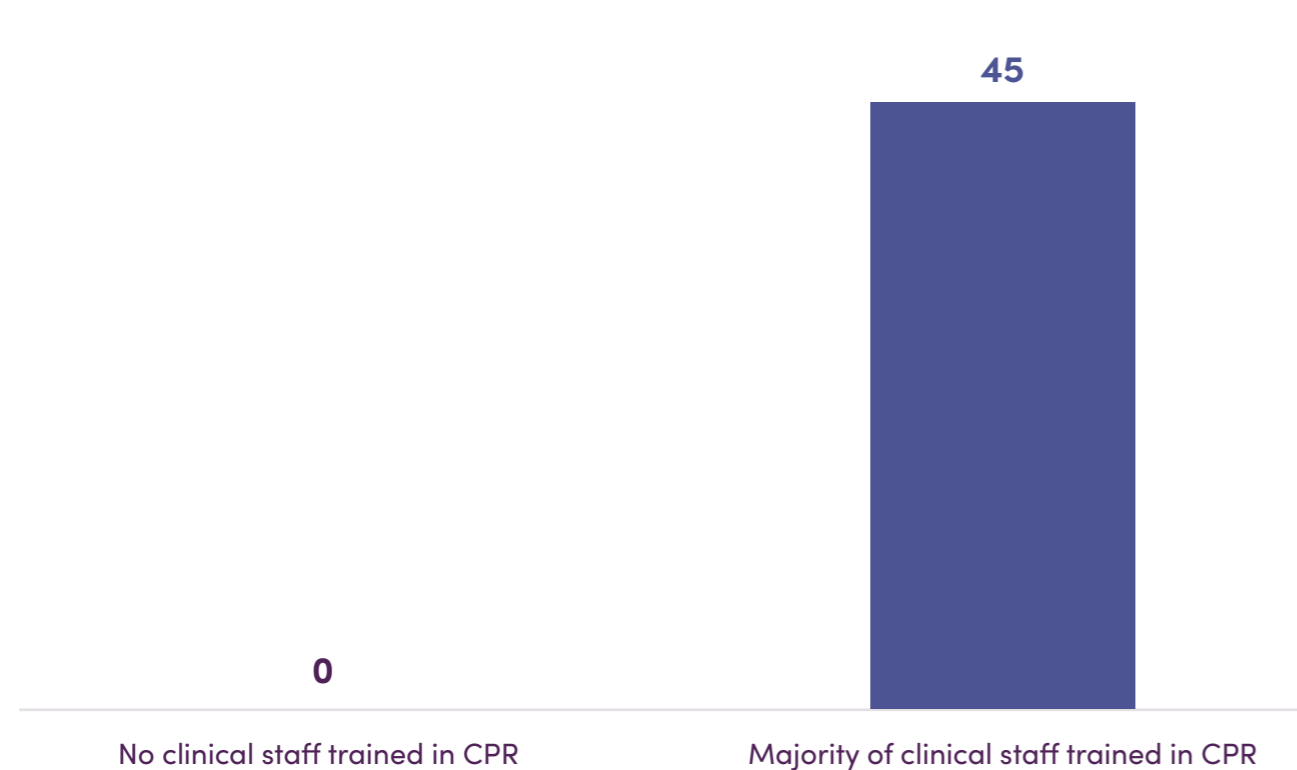
While a CMHT focuses on treating mental illness and promoting mental well-being, during service user interactions they may encounter service users who experience medical emergencies such as cardiac arrest. A quick response during a medical emergency may increase the individuals chances of survival. The availability of CMHT office staff trained in cardiopulmonary resuscitation (CPR) is essential for several reasons, such as:

- **Preparedness:** Knowing that staff are trained in CPR can increase the sense of preparedness for both staff and service users. In the event of an emergency, CPR trained staff will feel more confident and capable of responding appropriately.
- **Response:** If staff are trained in CPR, they can begin administering aid immediately, potentially saving increasing the probability of survival, until emergency medical services arrive.

This Spotlight Report examined whether the majority of clinical staff at the CMHT office were trained in cardiopulmonary resuscitation. **Figure 81**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **0%** of CMHT offices did not have any clinical staff trained in cardiopulmonary resuscitation.
- **100%** of CMHT offices had the majority of clinical staff trained in cardiopulmonary resuscitation.

**Figure 81: CPR Trained Staff at CMHT Offices in Wales.**



### 13.9. Medical Emergency Response Equipment

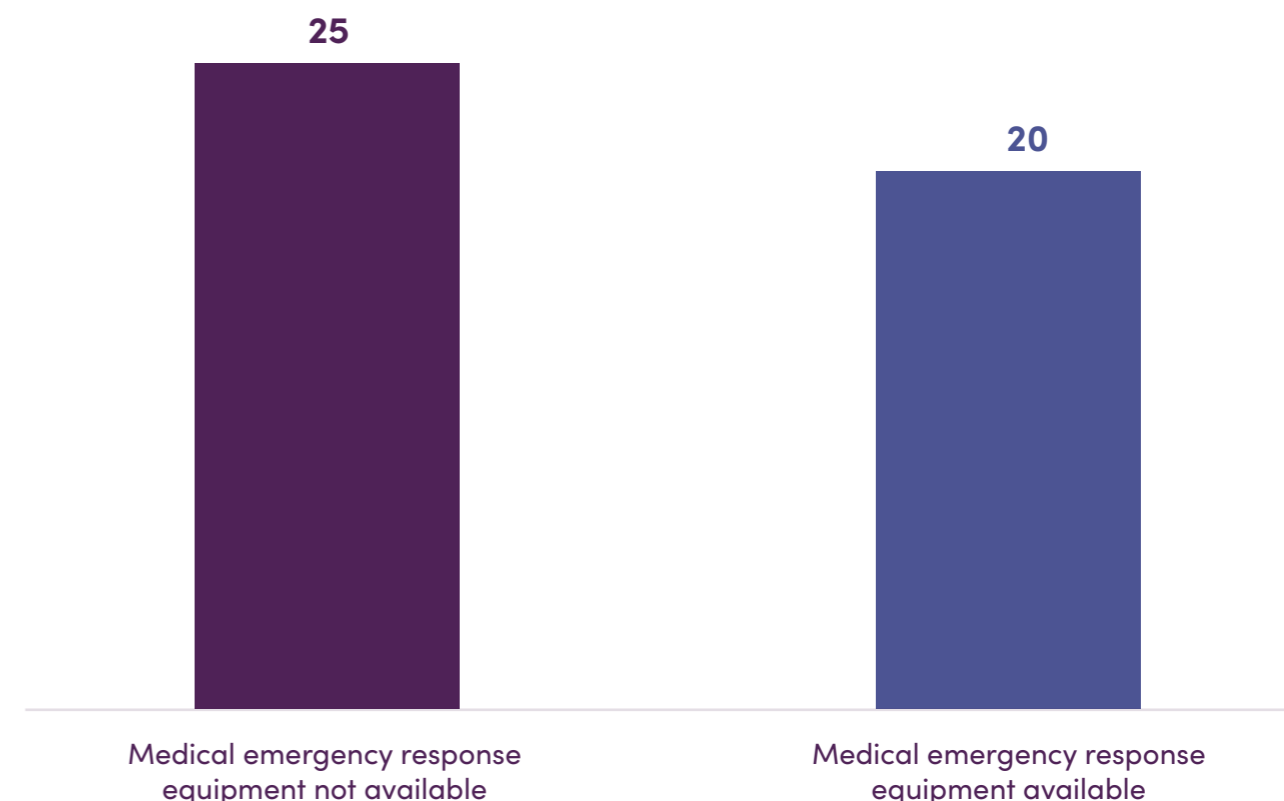
Having medical emergency response equipment, such as a cardiopulmonary resuscitation assistance machine, suction equipment, or emergency medical medications, available for staff based in a CMHT office is desirable for several reasons, such as:

- **Preparedness:** Knowing there is medical emergency response equipment available in the CMHT office can increase the sense of preparedness for both staff and service users.
- **Response:** CMHT offices can be located in areas that may not have immediate access to emergency medical services. Having medical emergency response equipment available in the office can help CMHT staff manage a medical emergency until emergency services arrive.

This Spotlight Report examined whether medical emergency response equipment was available at the CMHT office. **Figure 82**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **56%** of CMHT offices did not have medical emergency response equipment available.
- **44%** of CMHT offices had medical emergency response equipment available.

**Figure 82: Medical Emergency Response Equipment Availability at CMHT Offices in Wales.**



### 13.10. Onsite or Remote Electrocardiograms

Electrocardiograms (ECGs), are medical tests used to measure electrical activity of the heart. It is desirable that at least some clinical staff in the CMHT are trained, and have the equipment, to undertake ECGs for several reasons, such as:

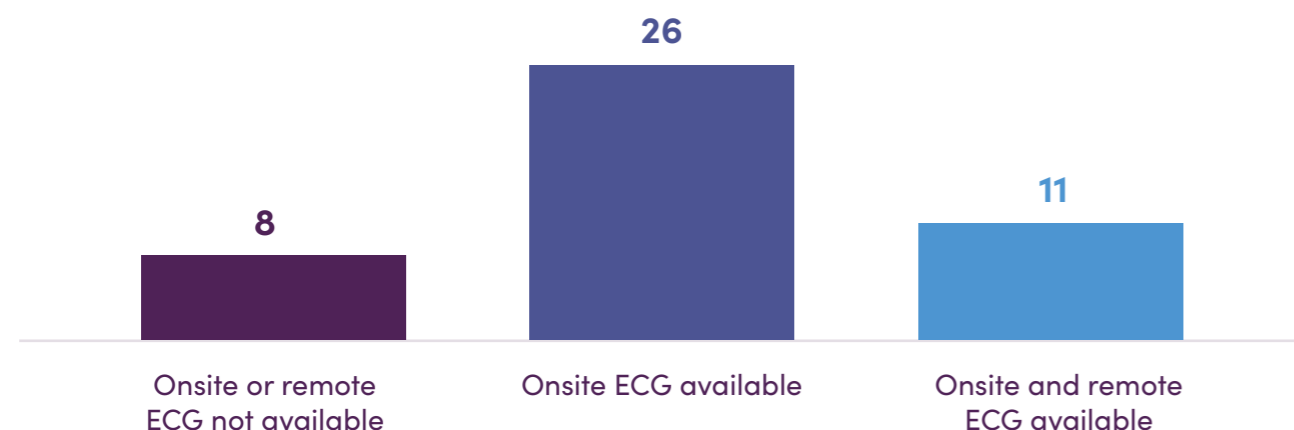
- **Response:** Some medications used to treat mental illness increase the risk of cardiac arrhythmias or other cardiac events. By being able to undertake an ECG and interpret the ECG results, the CMHT can better monitor the service user’s cardiac health and make appropriate referrals for further examinations and treatment if required.
- **Outcomes:** Undertaking an ECG in a CMHT office will provide holistic and prompt care, and prevent the need for service users, whom may be unwilling or unable, from having to attend other healthcare facilities.

A new intervention is the provision of devices for the monitoring of a service user’s cardiac health in their own home. Using a portable ECG device, staff are able to take fast, accurate readings without the service user visiting the CMHT office, GP surgery or local hospital. The devices are smaller and quicker than a conventional ECG, and staff can complete the test during a home visit, making it more convenient for the service user while also saving clinical time.

This Spotlight Report examined whether staff had the provision available to undertake an ECG, either remotely or onsite, at the CMHT office. **Figure 83**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **18%** of CMHT offices did not have the provision to undertake onsite or remote ECGs.
- **58%** of CMHT offices had the provision to undertake onsite ECGs.
- **24%** of CMHT offices had the provision to undertake onsite and remote ECGs.

**Figure 83: ECG Provision at CMHT Offices in Wales.**



### 13.11. Clozapine Blood Analysis

Clozapine is a medication that is effective in reducing the symptoms of psychosis although it can also, in a small number of cases, cause side effects, such as agranulocytosis (a severe reduction in white blood cells) and myocarditis (inflammation of the heart muscle). Regular monitoring of blood levels is necessary to ensure that the service user is receiving a safe and effective dose of Clozapine.

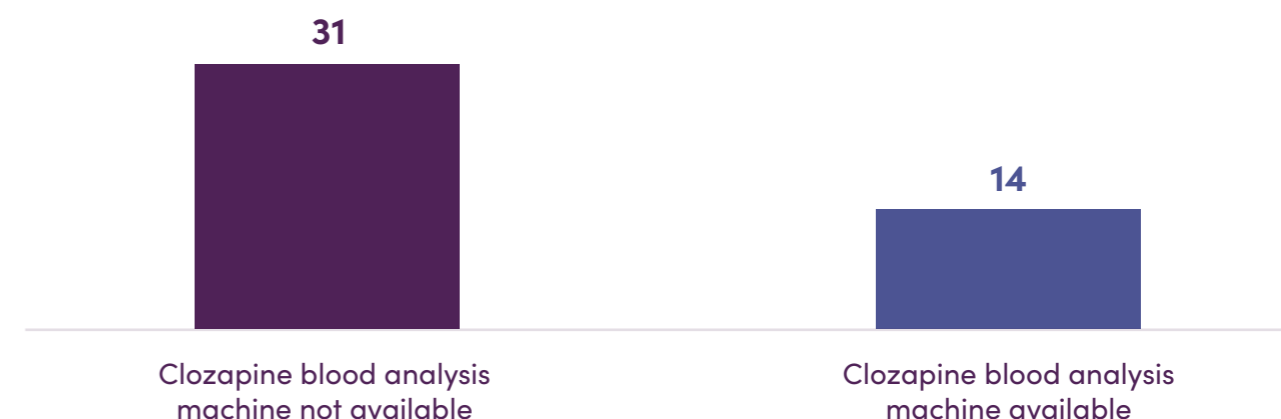
The facility to undertake blood analysis for service users prescribed Clozapine, is desirable at a CMHT office for several reasons, such as:

- **Convenience:** Having access to a Clozapine blood analysis machine in the CMHT office would enable quick and accurate monitoring of blood samples.
- **Concordance:** Some service users may have difficulty accessing a hospital/laboratory and access to a Clozapine blood analysis machine allows more frequent monitoring, which can improve service user safety and potentially reduce hospital admissions.
- **Effectiveness:** CMHT access to a Clozapine blood analysis machine could improve service user outcomes by allowing for personalised and precise dosing, based on individual response and blood levels. This could result in treatment that is more effective and a better quality of life for service users with mental illness. It would also enable staff to respond quickly to any changes in a service users blood levels, potentially avoiding serious side effects or complications.

This Spotlight Report examined whether staff at the CMHT office had access to a Clozapine blood analysis machine. **Figure 84**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **69%** of CMHT offices did not have a Clozapine blood analysis machine available.
- **31%** of CMHT offices did have a Clozapine blood analysis machine available.

**Figure 84: Clozapine Blood Analysis Machines at CMHT Offices in Wales.**



### 13.12. Weight Assessment, Monitoring & Support

The ability to assess, and regularly monitor, the bodyweight of service users, and navigate those in need to weight management support, is essential for several reasons, such as:

- **Medication:** Some medications used to treat mental illness can cause weight gain or loss. Regular weight monitoring can help staff identify any changes in a service user’s weight and determine if it is related to medication side effects.
- **Health:** Regular weight monitoring can help to identify any physical health issues that may be affecting the service user, such as diabetes, thyroid disorders, or other conditions that can cause weight changes.
- **Nutrition:** Weight monitoring can be used to assess a service user’s nutritional status. Changes in weight can indicate whether a service user is overweight, has a healthy diet, or is experiencing malnutrition.
- **Outcomes:** For service users who are working towards weight loss or weight gain goals as part of their treatment plan, regular weight monitoring can help track progress and determine diet adjustments that may need to be made.
- **Adherence:** Adhering to a prescribed weight management regime can be challenging and the provision of dedicated support can increase the likelihood of achieving the desired outcomes.

The service user can weigh themselves at home or they can be weighed at the CMHT office. Having the facility to weigh the service user at the CMHT office can be helpful in circumstances where the service user forgets, or is unable to do so at home, and ensures consistency, by using the same calibrated machine.

During site visits it was noted that many CMHTs are improving their weight monitoring processes, alongside improving all physical health monitoring. There are numerous CMHTs who have newly deployed physical health teams or have plans to form the same. One CMHT has a team that offers physical health examinations for all patients, provides a questionnaire on physical health at first appointment and has fostered close links with other agencies such as diabetes specialists and cardiology to allow rapid referrals.

#### 13.12.1. Weight Assessment

This Spotlight Report examined whether staff at the CMHT office had the facility to weigh service users, such as weighting scales. **Figure 85**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **4%** of CMHT offices did not the facility to weigh service users.
- **96%** of CMHT offices had the facility to weigh service users.

**Figure 85: Weighing Facilities at CMHT Offices in Wales.**

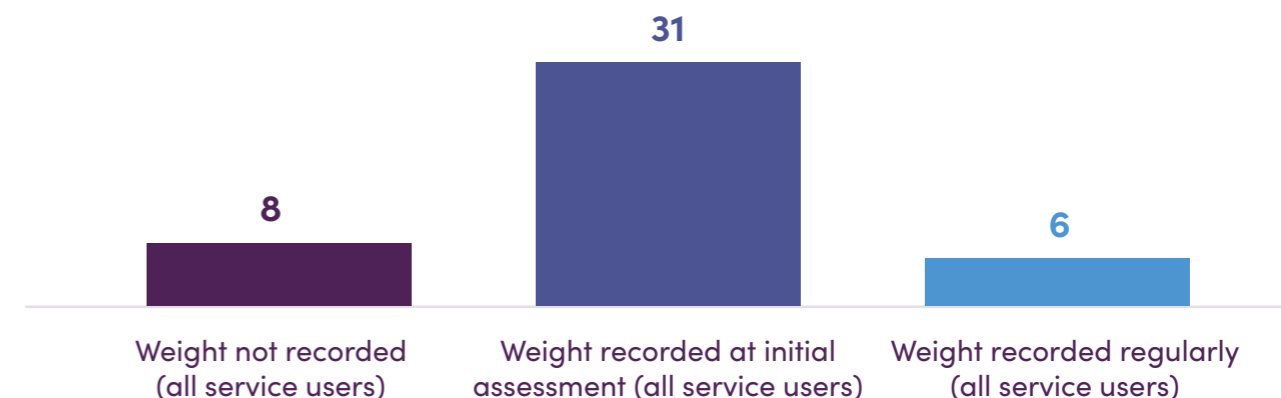


#### 13.12.2. Weight Monitoring of All Service Users

Regular weight monitoring of all service users is desirable and can prompt the staff to identify and support individuals with any issues. This Spotlight Report examined whether all services users had their weight monitored on a regular basis. **Figure 86**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **18%** of CMHT offices did not have a process in place to record or monitor the weight of all service users.
- **69%** of CMHT offices had a process in place to record the weight of all service users during the initial assessment.
- **13%** of CMHT offices had a process in place to monitor the weight of all service users on a regular basis.

**Figure 86: Weighing Monitoring of All Service Users at CMHT Offices in Wales.**

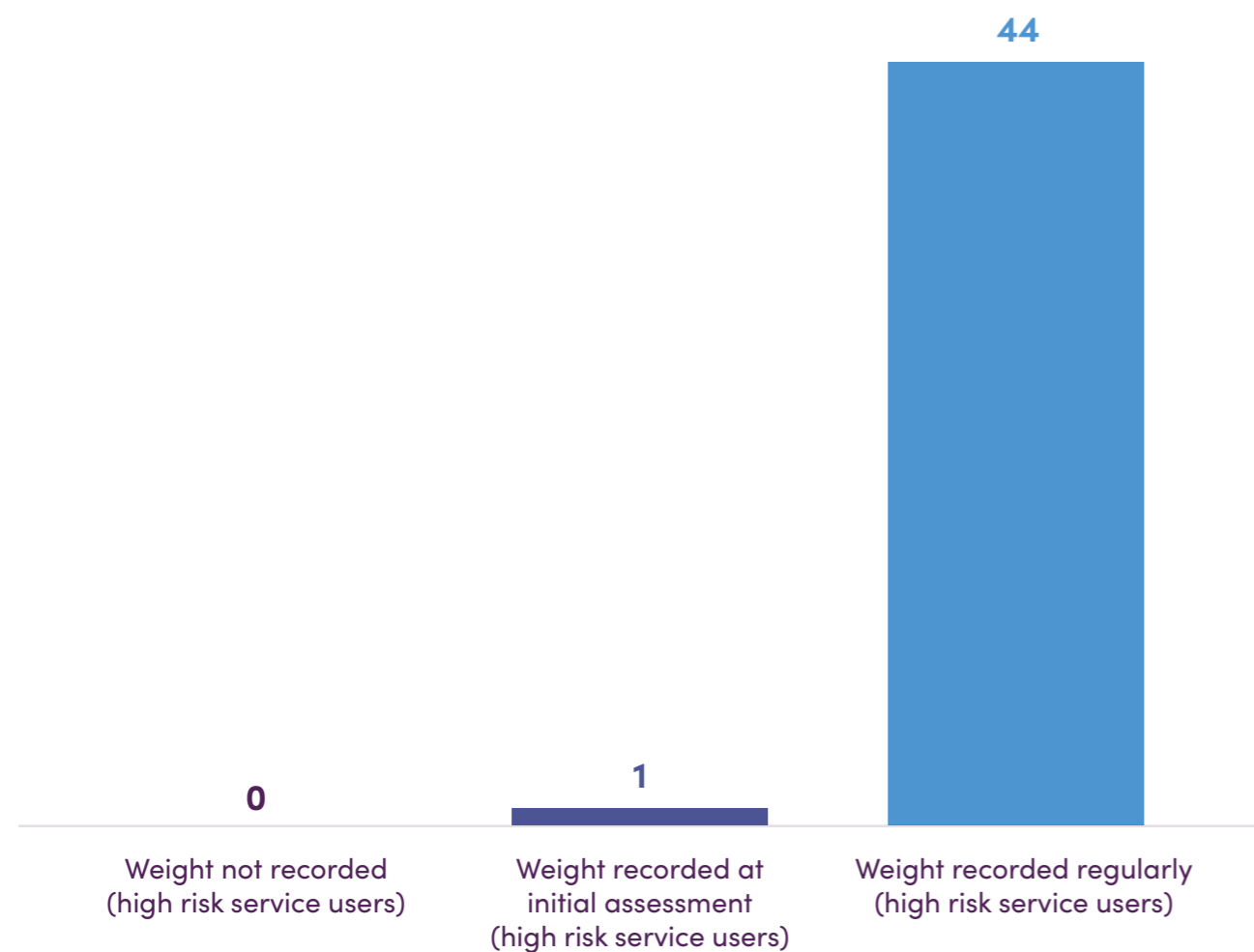


### 13.12.3. Weight Monitoring of High Risk Service Users

The regular weight monitoring of those services users at the highest risk of weight-associated health complications is essential and can prompt the CMHT to identify and support those individuals. This Spotlight Report examined whether those services users, at the highest risk of weight-associated health complications, had their weight monitored on a regular basis. **Figure 87**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **0%** of CMHT offices did not have a process in place to record or monitor the weight of high-risk service users.
- **2%** of CMHT offices had a process in place to record the weight of high-risk service users during the initial assessment.
- **98%** of CMHT offices had a process in place to monitor the weight of high-risk service users on a regular basis.

**Figure 87: Weight Monitoring of High Risk Service Users at CMHT Offices in Wales.**

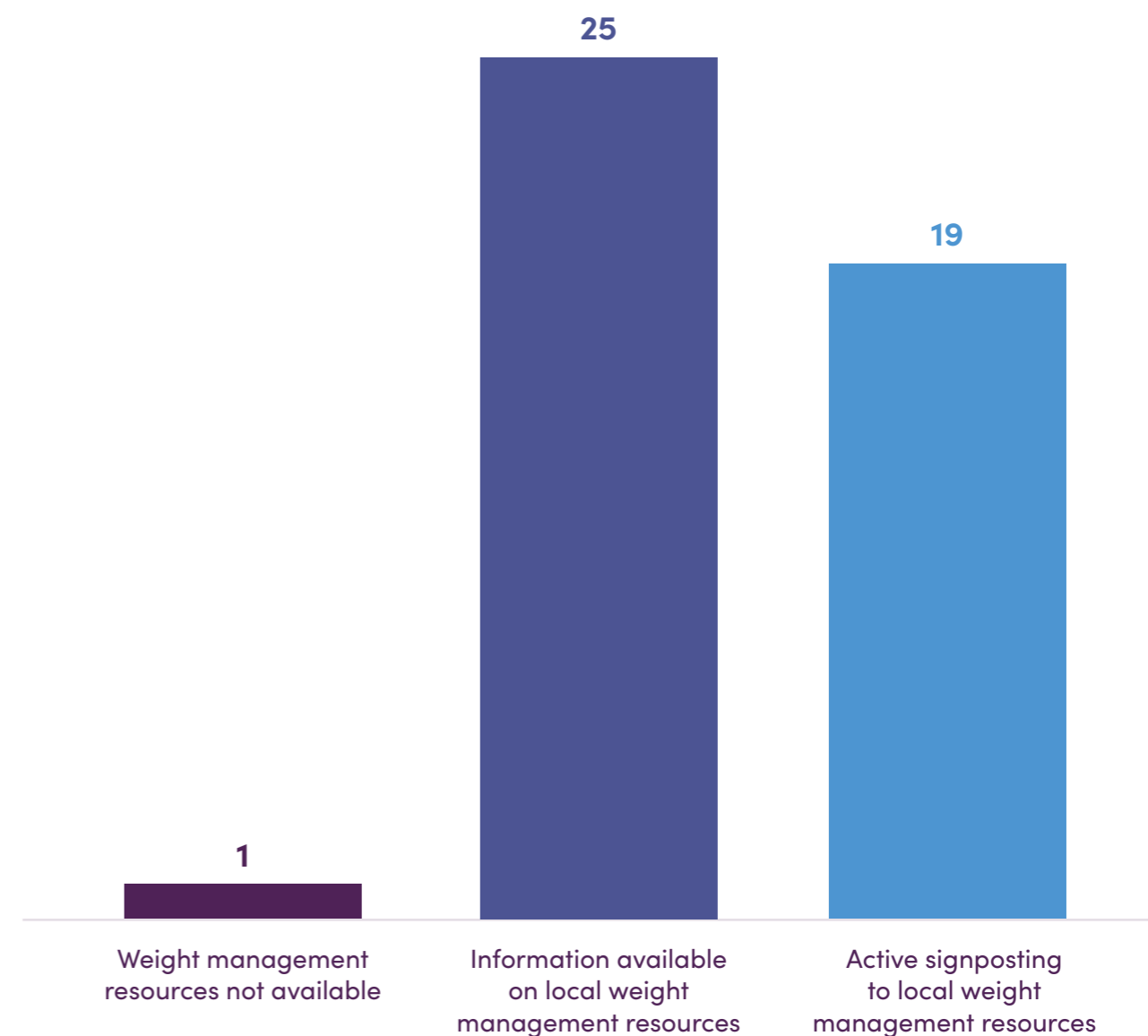


### 13.12.4. Weight Management Support

This Spotlight Report examined whether CMHT offices had information available to service users, or if service users were actively signposted, to local weight management resources, such as diet support groups, which is essential. **Figure 88**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **2%** of CMHT offices did not have information available on local weight management resources.
- **56%** of CMHT offices had information available on local weight management resources.
- **42%** of CMHT offices had information available and actively signposted service users to local weight management resources.

**Figure 88: Weight Management Resources at CMHT Offices in Wales.**



### 13.13. Smoking Status Assessment & Cessation Support

Those individuals with a mental illness are more likely, than those without, to smoke. Assessing the smoking ‘status’ of a service user includes recording if they currently smoke, or have smoked in the past, the quantity and length of time they have smoked, and if they are trying to stop smoking and need support to do so. The ability to assess, and regularly monitor, the smoking status of service users, and navigate those in need to cessation support, is essential for several reasons, such as:

- **Health:** Smoking is a major risk factor for many major health issues, including lung cancer, heart disease, stroke, and respiratory diseases. Helping service users stop smoking can significantly reduce their risk of developing these health problems and improve their overall health outcomes.
- **Prevention:** Smoking increases anxiety and tension and smokers are also more likely than non-smokers to develop depression. Stopping smoking can help to improve mental well-being.
- **Medication:** Smoking can affect the effectiveness of certain medications used to treat mental health conditions. For example, smoking can reduce the effectiveness of some antidepressants, antipsychotics, and mood stabilisers. By helping service users to stop smoking, staff can improve the effectiveness of these medications and improve treatment outcomes.
- **Finance:** Smoking is an expensive habit, and service users may be more likely to smoke and have less financial resources. Service users can save money by stopping smoking.

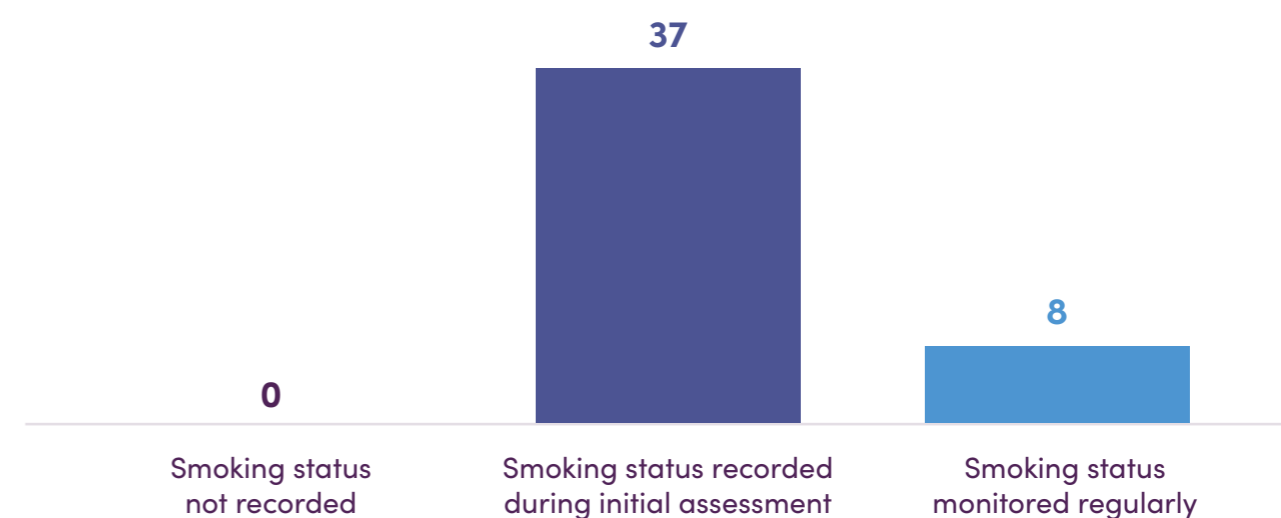
Service users may be unable or unwilling to seek out support, act on support information provided, or engage with local smoking cessation services. Staff trained in smoking cessation can provide holistic care to service users that can improve their overall well-being. If staff are unable to undertake smoking cessation training then they can work in partnership with specialist smoking cessation staff who are trained to support individuals to reduce or stop smoking.

#### 13.13.1. Smoking Status Assessment

This Spotlight Report examined whether staff at the CMHT office assessed and monitored the smoking status of service users, which is essential. **Figure 89**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **0%** of CMHT offices did not have a process in place to record or monitor the smoking status of service users.
- **82%** of CMHT offices had a process in place to record the smoking status of service users during the initial assessment.
- **18%** of CMHT offices had a process in place to monitor the smoking status of service users on a regular basis.

**Figure 89: Smoking Status Assessment at CMHT Offices in Wales.**

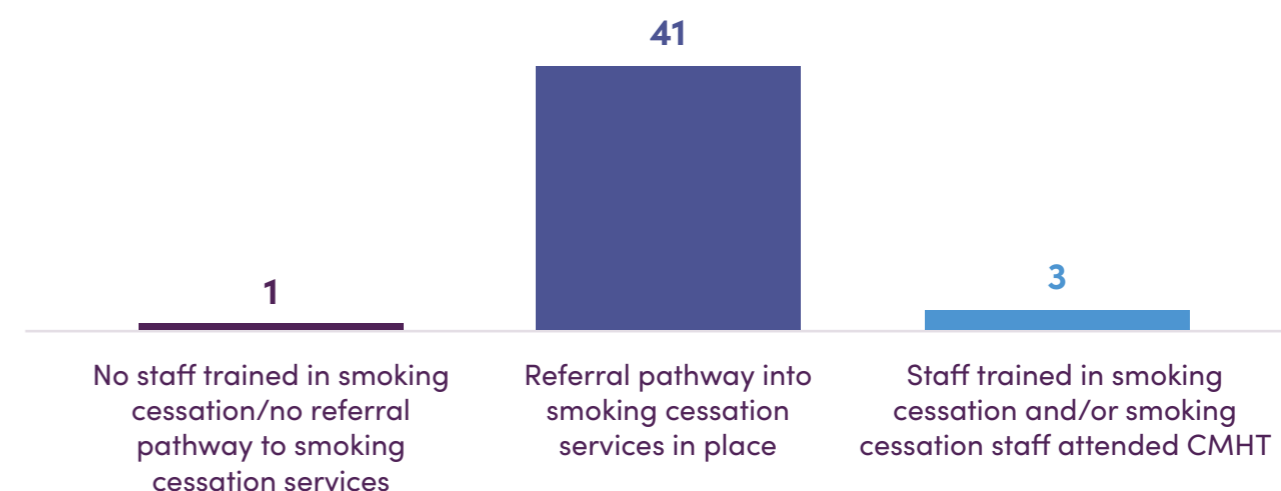


#### 13.13.2. Smoking Cessation Training/Pathway

This Spotlight Report examined whether the any staff had training in smoking cessation, or if there was an established referral pathway to a local smoking cessation service, which is essential. **Figure 90**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **2%** of CMHT offices did not have staff trained in smoking cessation or a pathway into smoking cessation services.
- **91%** of CMHT offices had a pathway into smoking cessation services.
- **7%** of CMHT offices had staff trained in smoking cessation and/or specialist smoking cessation staff attended the CMHT office on request.

**Figure 90: Smoking Cessation Training/Pathway at CMHT Offices in Wales.**

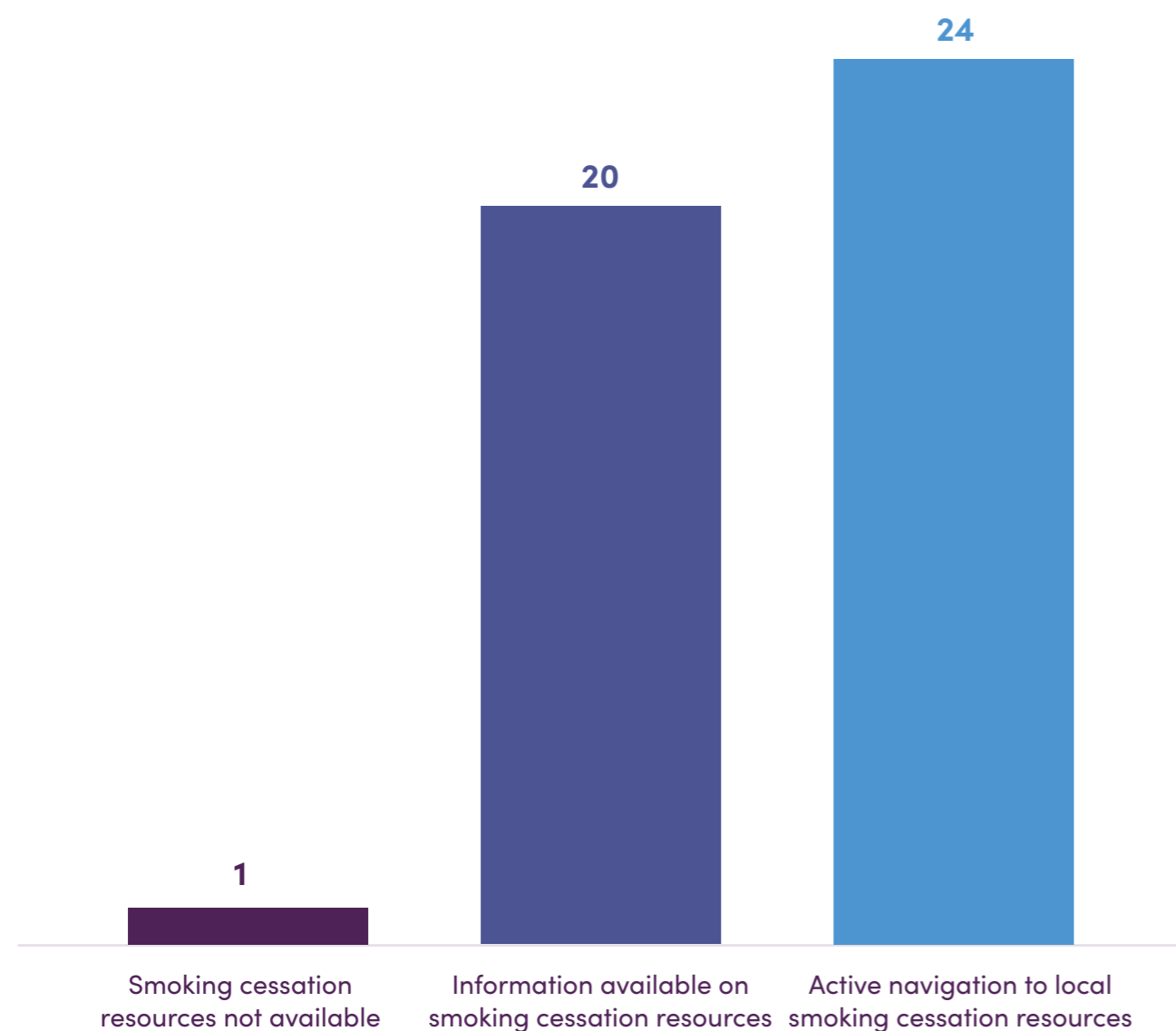


### 13.13.3. Smoking Cessation Support

This Spotlight Report examined whether CMHT offices had information available, or service users were actively signposted, to smoking cessation resources, such as cessation aids, NHS provision or local support groups, which is essential. **Figure 91**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **2%** of CMHT offices did not have information available on smoking cessation resources.
- **44%** of CMHT offices had information available on smoking cessation resources.
- **53%** of CMHT offices actively navigated service users to local smoking cessation resources.

**Figure 91: Smoking Cessation Support at CMHT Offices in Wales.**



### 13.14. Alcohol Use Assessment & Harmful Use Support

This section refers to the harmful consumption of alcohol, note that specialist support services for this issue are commonly called ‘Substance Use Services’.

Assessing the alcohol use of a service user includes recording how many units of alcohol they consume, if they were trying to stop or reduce intake, and if they need support to do so. The assessment, and regular monitoring, of the alcohol use of service users and the navigation to harmful use support services, is essential for reasons such as:

- **Health:** Long-term alcohol use can lead to a range of physical health problems, including liver damage and heart disease. By helping service users reduce intake or stop using alcohol, staff can promote good physical health and well-being.
- **Prevention:** Alcohol use can exacerbate existing mental illness and some service users may use alcohol as a way to alleviate symptoms. However, alcohol use can worsen mental health symptoms and lead to more severe mental health problems.
- **Medication:** Some medications used to treat mental illness may be less effective when taken with alcohol or may interact negatively with alcohol. Therefore, helping service users stop, or reduce alcohol use, can improve the effectiveness of prescribed medication.
- **Financial:** Service users can save money by reducing, or stopping, purchasing alcohol.
- **Relationships:** Alcohol use can lead to strained relationships with family, friends, and significant others. By helping service users stop or reduce alcohol use, staff can support them to maintain healthy relationships.
- **Social:** By helping service users to stop, or reduce alcohol use, staff can support them to avoid its possible negative consequences such as loss of home, employment issues, or criminal justice involvement.

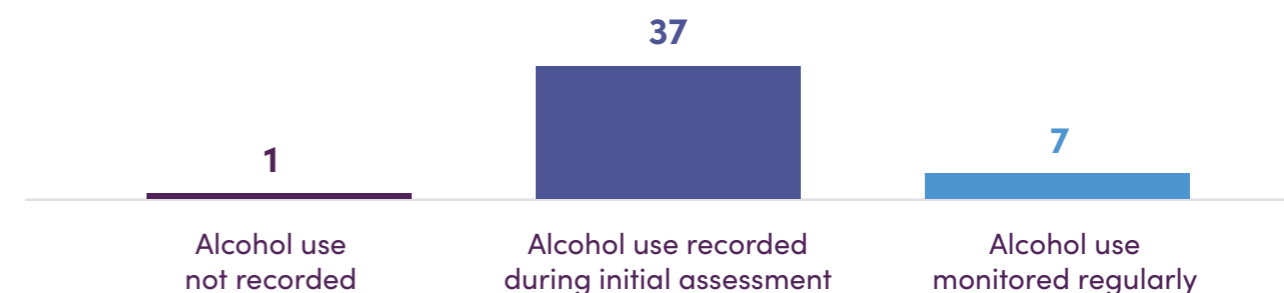
#### 13.14.1. Alcohol Use Assessment

The assessment, and regular monitoring, of a service user’s alcohol use can prompt staff to identify and support the individual with any issues. This Spotlight Report examined the frequency staff at the CMHT office recorded the alcohol use of service users. **Figure 92**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **2%** of CMHT offices did not have a process in place to record or monitor the alcohol use of service users.
- **82%** of CMHT offices had a process in place to record the alcohol use of service users during the initial assessment.

- **16%** of CMHT offices had a process in place to monitor the alcohol use of service users on a regular basis.

**Figure 92: Alcohol Use Assessment at CMHT Offices in Wales.**



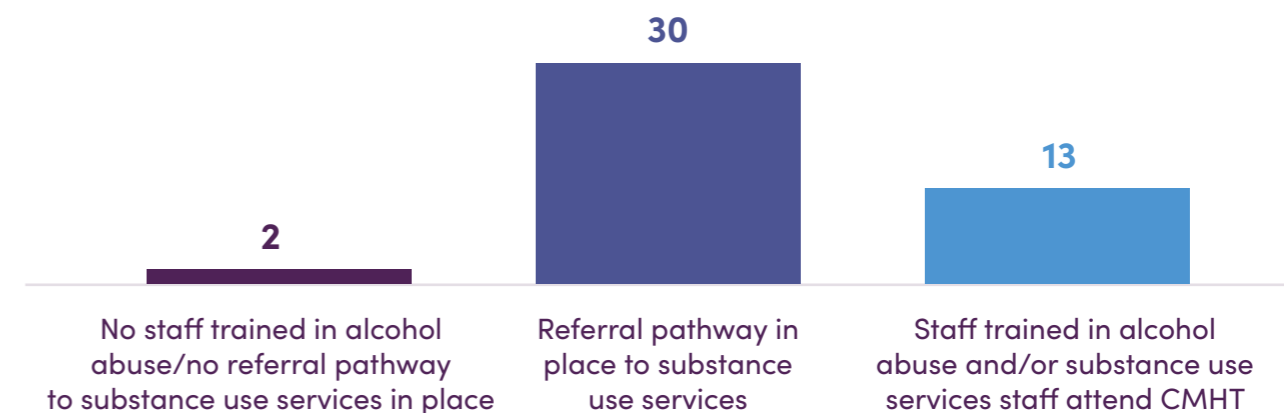
#### 13.14.2. Alcohol Use Training/Pathways

Service users may be unable or unwilling to seek out support, act on support information provided, or engage with substance use services. Staff trained in alcohol use assessment and treatment can provide holistic care to service users to improve their overall well-being. If staff are unable to undertake training in alcohol use then they can work in partnership with specialists to better support the individual. This Spotlight Report examined whether any staff had training in alcohol use, or if there was an established referral pathway to substance use services, which is essential.

**Figure 93**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **4%** of CMHT offices did not have staff trained in alcohol abuse or a defined pathway into substance use services.
- **67%** of CMHT offices had a defined pathway into the substance use services.
- **29%** of CMHT offices had staff trained in alcohol abuse and/or substance use services staff attended the CMHT office on request.

**Figure 93: Alcohol Use Staff Training/Pathways at CMHT Offices in Wales.**

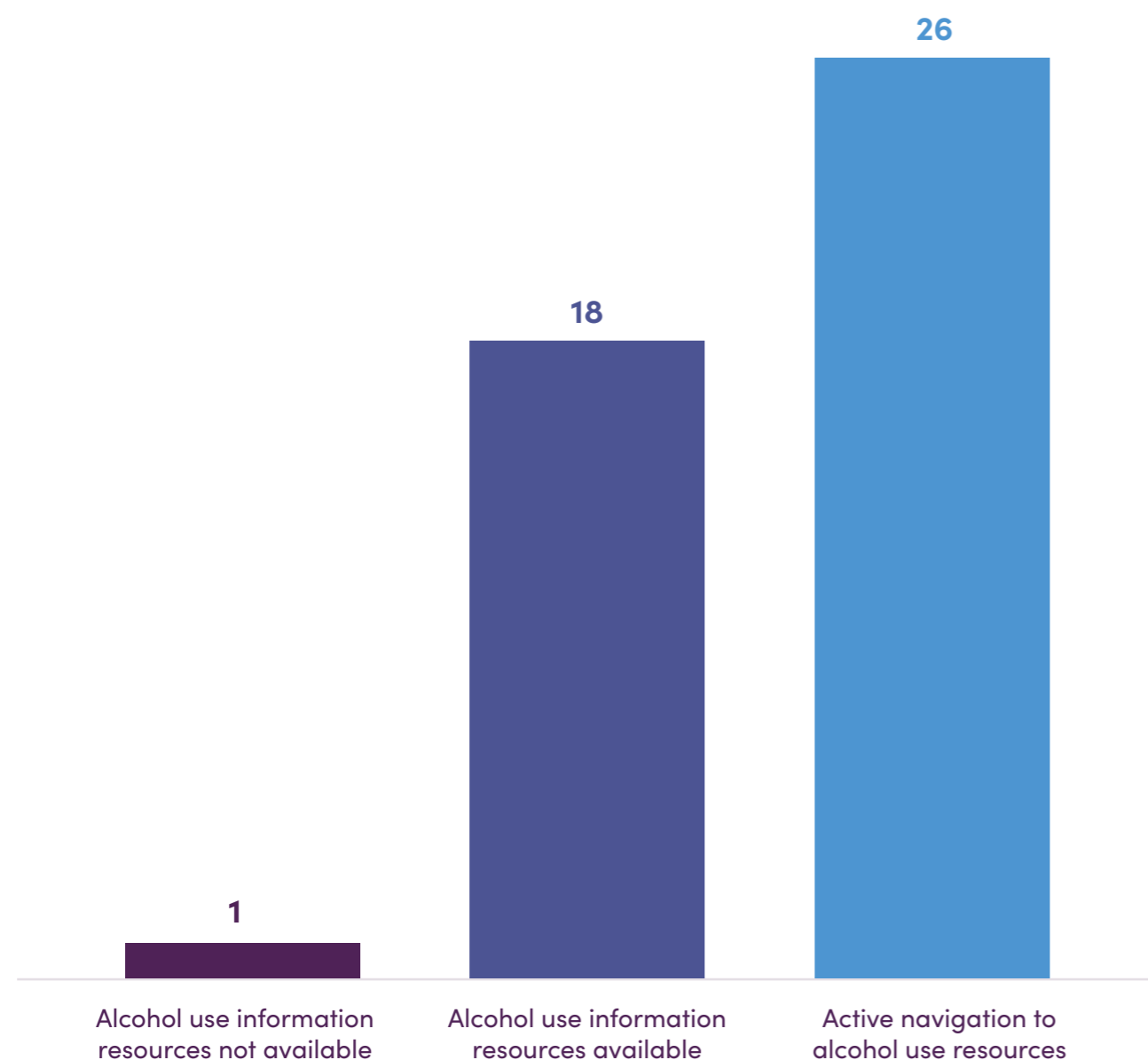


### 13.14.3. Alcohol Use Support

This Spotlight Report examined whether CMHT offices had information available, or service users were actively navigated, to alcohol use support resources, which is essential. **Figure 94**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **2%** of CMHT offices did not have information available on harmful alcohol use resources.
- **40%** of CMHT offices had information available on harmful alcohol use resources.
- **58%** of CMHT offices actively navigated service users to harmful alcohol use resources.

**Figure 94: Alcohol Abuse Information Resources at CMHT Offices in Wales.**



### 13.15. Substance Use Assessment & Support

For the purposes of this Spotlight Report, ‘substance use’, refers to the consumption of illegal drugs, or the misuse of prescription or over-the-counter medications with negative or harmful consequences. It excludes alcohol, addressed in the previous section.

Assessing the substance use of a service user includes recording if they consume substances, of what kind and quantity, if they were trying to stop or reduce consumption, and if they need support to do so. The assessment, and regular monitoring, of the substance use of service users and the navigation to appropriate support, is essential for several reasons, such as:

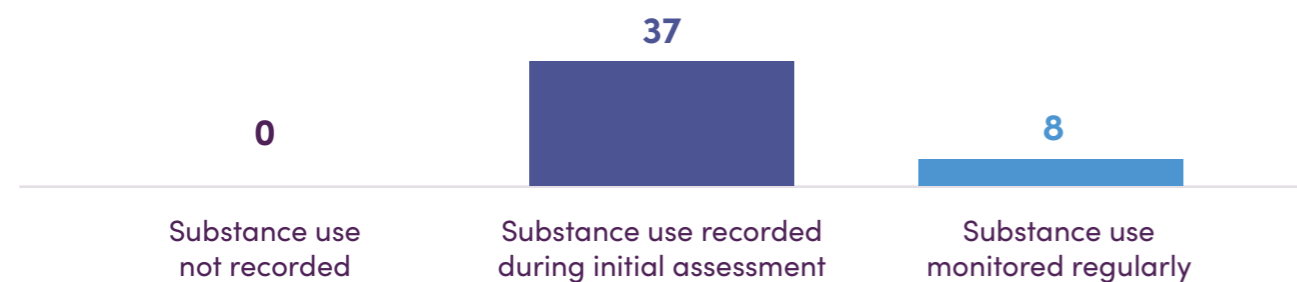
- **Health:** Substance use can lead to a range of physical health problems, including overdose, injury, and long-term health complications. By supporting service users to reduce, or stop using harmful substances, staff can reduce the risk of harm.
- **Prevention:** Substance use can worsen the symptoms of mental illness and interfere with treatment. By addressing substance abuse, staff can help service users achieve better mental health outcomes.
- **Social:** By supporting service users to stop, or reduce substance use, staff can support them to avoid its negative consequences, such as loss of home, employment issues, or criminal justice involvement.
- **Functioning:** Substance use can interfere with a person’s ability to function in their daily life, including their ability to form and maintain positive relationships and participate in social activities. By addressing substance use, staff can support service users to improve their social functioning.
- **Treatment:** Substance use can interfere with a person’s ability to adhere to their care and treatment plan. By addressing substance abuse, staff can improve a service user’s adherence to treatment and increase the likelihood of positive treatment outcomes.
- **Financial:** Service users can save money by reducing or stopping the use of harmful substances.

### 13.15.1. Substance Use Assessment

The assessment, and regular monitoring, of a service user’s substance use can prompt the CMHT to identify and support the individual with any issues. This Spotlight Report examined the frequency staff at the CMHT office recorded the substance use of service users. **Figure 95**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **0%** of CMHT offices did not have a process in place to record or monitor the substance use of service users.
- **82%** of CMHT offices had a process in place to record the substance use of service users during the initial assessment.
- **18%** of CMHT offices had a process in place to monitor the substance use of service users on a regular basis.

**Figure 95: Substance Use Assessment at CMHT Offices in Wales.**

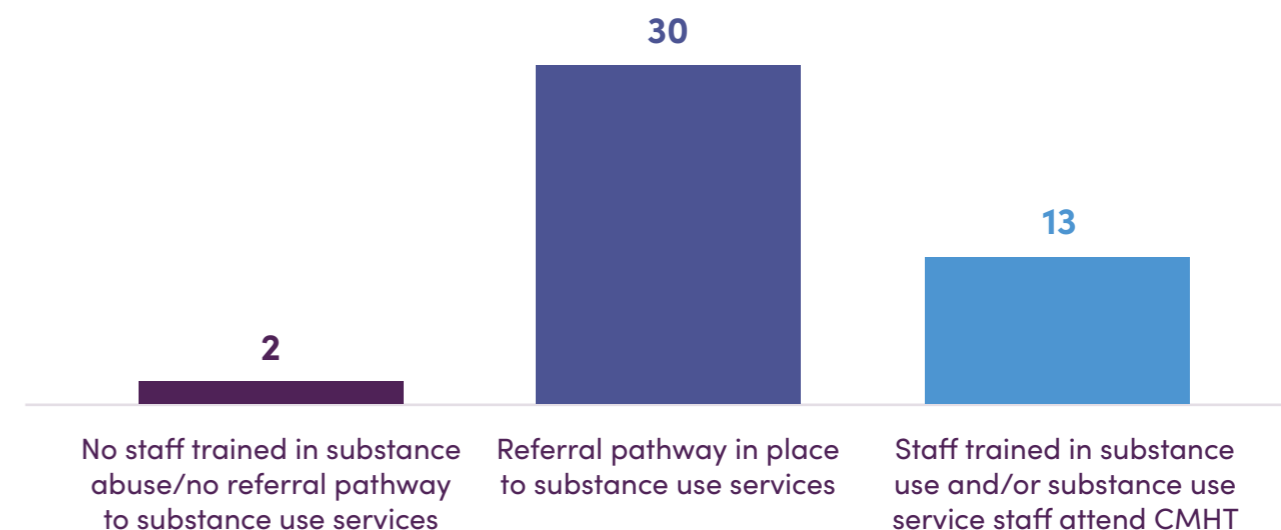


### 13.15.2. Substance Use Training/Pathway

Service users may be unable or unwilling to seek out support, act on support information provided, or engage with substance use services. Staff trained in substance use assessment and treatment can provide holistic care to service users to improve their overall well-being. If staff are unable to undertake training in substance use, then they can work in partnership with specialists to better support the individual. This Spotlight Report examined whether the any staff had training in substance use, or if there was an established referral pathway to substance use services, which is essential. **Figure 96**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **4%** of CMHT offices did not have staff trained in substance use or a defined pathway into substance use services.
- **67%** of CMHT offices had a defined pathway into substance use services.
- **29%** of CMHT offices had staff trained in substance use and/or substance use services staff attended the CMHT office on request.

**Figure 96: Substance Use Training/Pathway at CMHT Offices in Wales.**

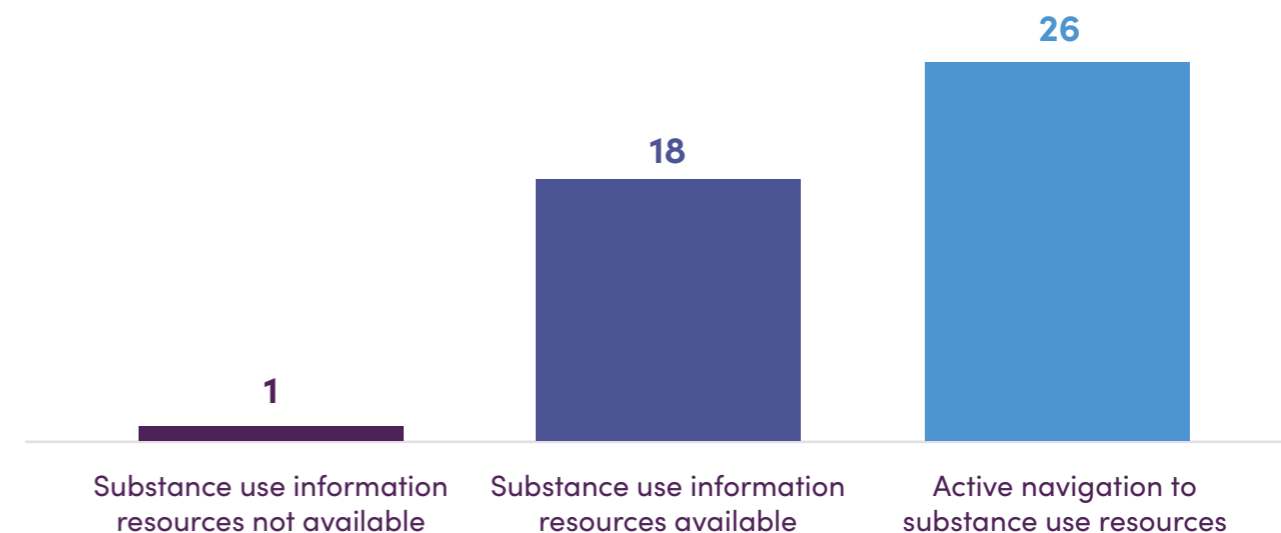


### 13.15.3. Substance Use Support

This Spotlight Report examined whether CMHT offices had information available, or service users were actively navigated, to substance use support services which is essential. **Figure 97**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **2%** of CMHT offices did not have information available on substance use resources.
- **40%** of CMHT offices had information available on substance use resources.
- **58%** of CMHT offices actively signposted service users to substance use resources.

**Figure 97: Substance Use Information Resources at CMHT Offices in Wales.**



## 14. Health & Social Care Integration

This section explores if the design and state of the CMHT office, or the operation of the CMHT, supports and enables integrated working between health and social care staff.

### 14.1. Shared Office

It is desirable that CMHT health and social care staff work in the same CMHT office for several reasons, such as:

- **Outcomes:** Health and social care staff located in the same office, will find it easier to communicate and collaborate effectively and facilitate seamless, holistic and better-coordinated care, leading to improved outcomes for service users.
- **Culture:** Health and social care staff, being located in the same office, can help foster a sense of shared purpose. This ‘team culture’ can improve staff recruitment, retention, morale and job satisfaction, which can in turn lead to better service user outcomes.
- **Learning:** When health and social care staff are located in the same office there may be opportunities for informal learning and knowledge sharing. Staff may be able to learn from each other’s experiences and expertise, which can help to improve the quality of care provided.

This Spotlight Report examined whether the CMHT had both health and social care staff, and if they were based in the same office. During site visits, some staff reported that a number of professionals had ‘not returned to CMHT offices post-pandemic’ and now work from different sites.

**Figure 98**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **16%** of CMHTs did not have social care staff.
- **9%** of CMHTs had health and social care staff but based in separate offices.
- **76%** of CMHTs had health and social care staff based in the same CMHT office.

**Figure 98: Integrated CMHT Offices in Wales.**



### 14.2. Shared Management

For the purpose of this Spotlight Report ‘shared’, or ‘integrated management’, means the same person managing both health and social care professionals in the CMHT. A CMHT having integrated management is desirable for several reasons, such as:

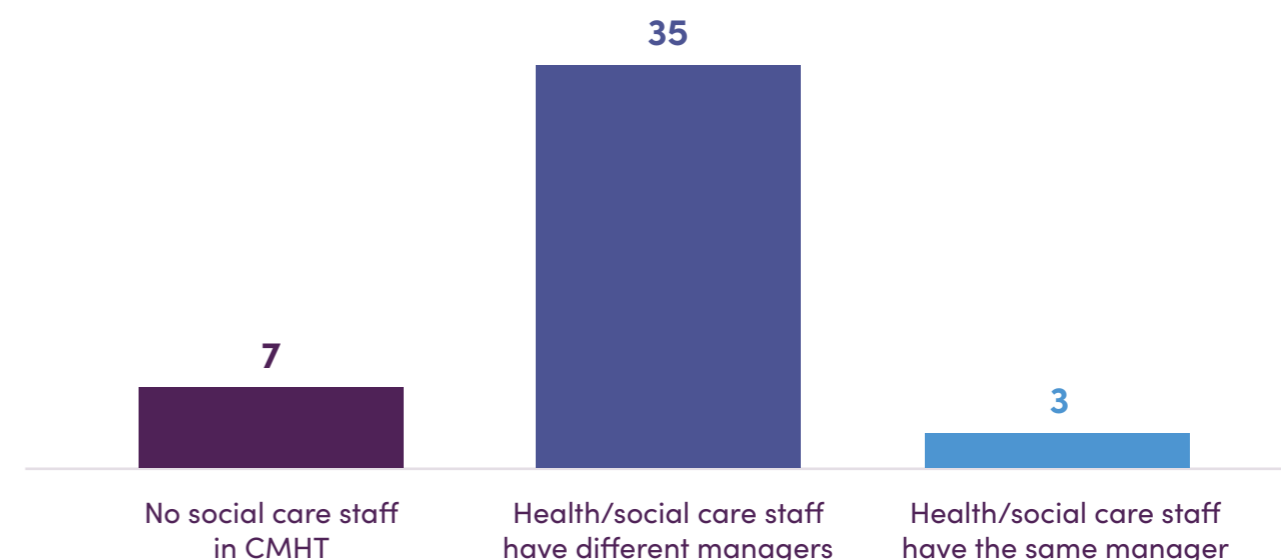
- **Effectiveness:** With integrated management the communication and collaboration between health and social care staff may be improved.
- **Efficiency:** With integrated management there may be greater efficiency in the team’s operations, as staff can work together to prioritise tasks and share resources.
- **Accountability:** When health and social care staff have the same manager, there is clear lines of authority and accountability, leading to more effective decision-making, direction, and support.
- **Outcomes:** Integrated management may facilitate seamless, holistic, and better-coordinated care. This can lead to improved service user outcomes, and increased satisfaction with care received.

This Spotlight Report examined whether CMHT health and social care staff had a shared manager.

**Figure 99**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **16%** of CMHTs did not have social care staff.
- **78%** of CMHT offices had health and social care staff but with separate managers.
- **7%** of CMHT offices had health and social care staff with a shared manager.

**Figure 99: Integrated Management of CMHT Offices in Wales.**



### 14.3. Integrated Care Notes

For the purpose of this Spotlight Report ‘integrated care notes’, means that health and social care staff in a CMHT, are using the same paper, or digital documentation system. A CMHT, containing both health and social care staff, using integrated care notes, is desirable for several reasons, such as:

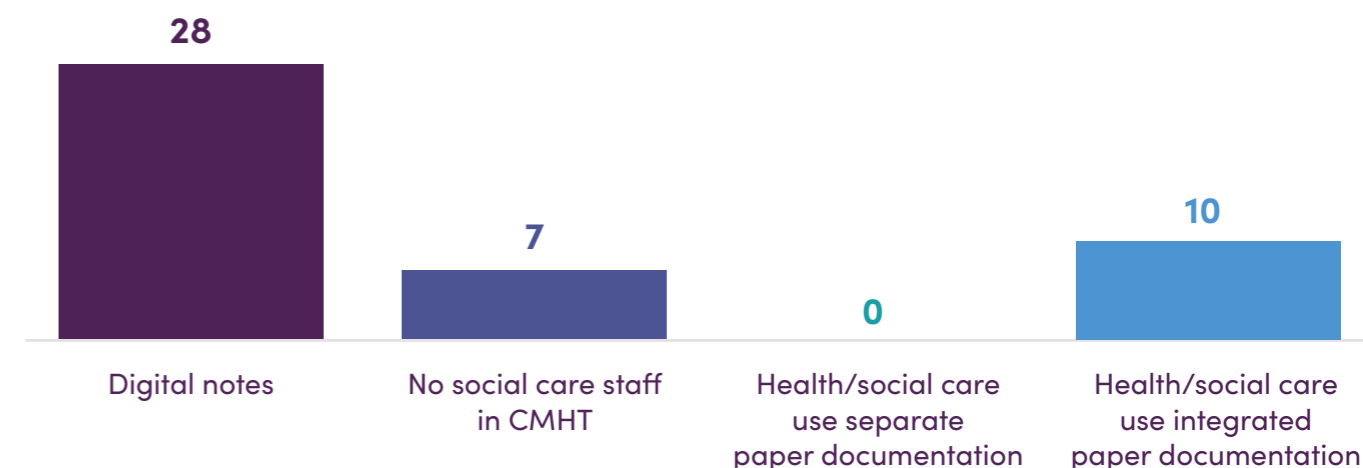
- **Coordination:** When all the CMHT are using the same documentation, it becomes easier to communicate and coordinate care. Everyone has access to the same information, which can reduce misunderstandings and errors.
- **Continuity:** Integrated notes can help ensure that there is continuity of care for service users, even if different staff are involved in their treatment. This can be particularly important for service users with complex needs.
- **Efficiency:** Integrated notes can save time and reduce duplication of effort.
- **Outcomes:** Integrated notes can help ensure that service users receive the same high standard of care, regardless of which staff are involved in their treatment. This can help improve outcomes and service user satisfaction.

#### 14.3.1. Integrated Paper Care Notes

This Spotlight Report examined whether the health and social care staff in the CMHT office had integrated paper documentation. **Figure 100**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **62%** of CMHT offices who had health and social care staff based in the same CMHT office used digital documentation (see next section).
- **16%** of CMHTs did not have both health and social care staff.
- **0%** of CMHT offices had health and social care staff using different paper documentation.
- **22%** of CMHT offices had health and social care staff using integrated paper documentation.

**Figure 100: Integrated Paper Documentation at CMHT Offices in Wales.**

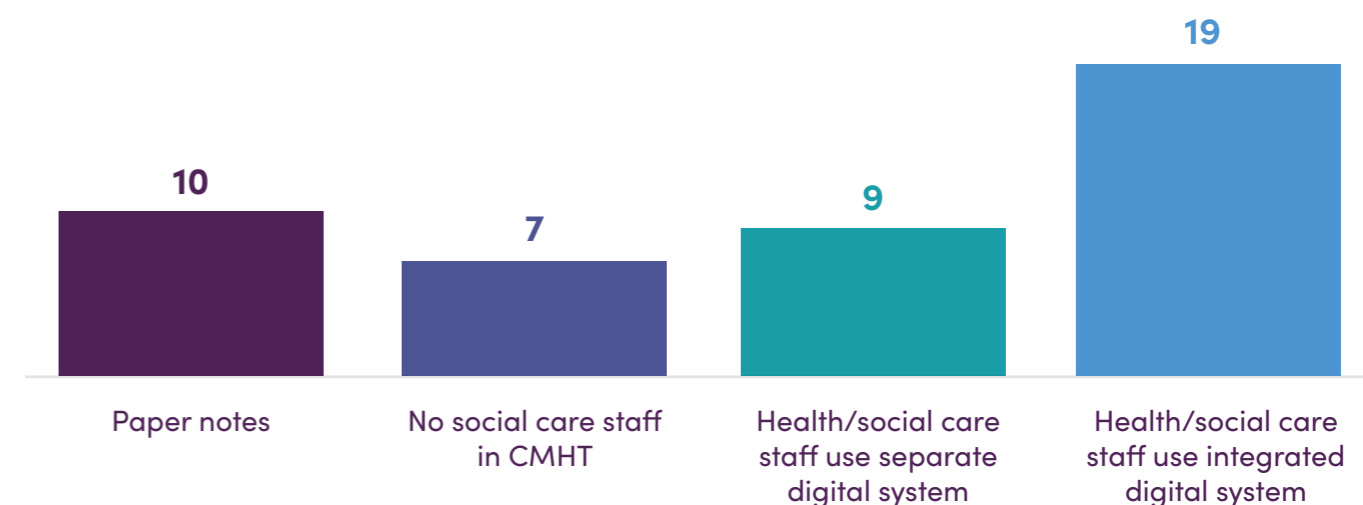


#### 14.3.2. Integrated Digital Care Notes

This Spotlight Report examined whether the health and social care staff in the CMHT office used an integrated digital system, which is desirable. **Figure 101**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **22%** of CMHT offices, who had health and social care staff based in the same CMHT office, used paper documentation (see previous section).
- **16%** of CMHTs did not have both health and social care staff.
- **20%** of CMHT offices had health and social care staff using different digital systems.
- **42%** of CMHT offices had health and social care staff using an integrated digital system.

**Figure 101: Integrated Digital Documentation at CMHT Offices in Wales.**



## 14.4. Training

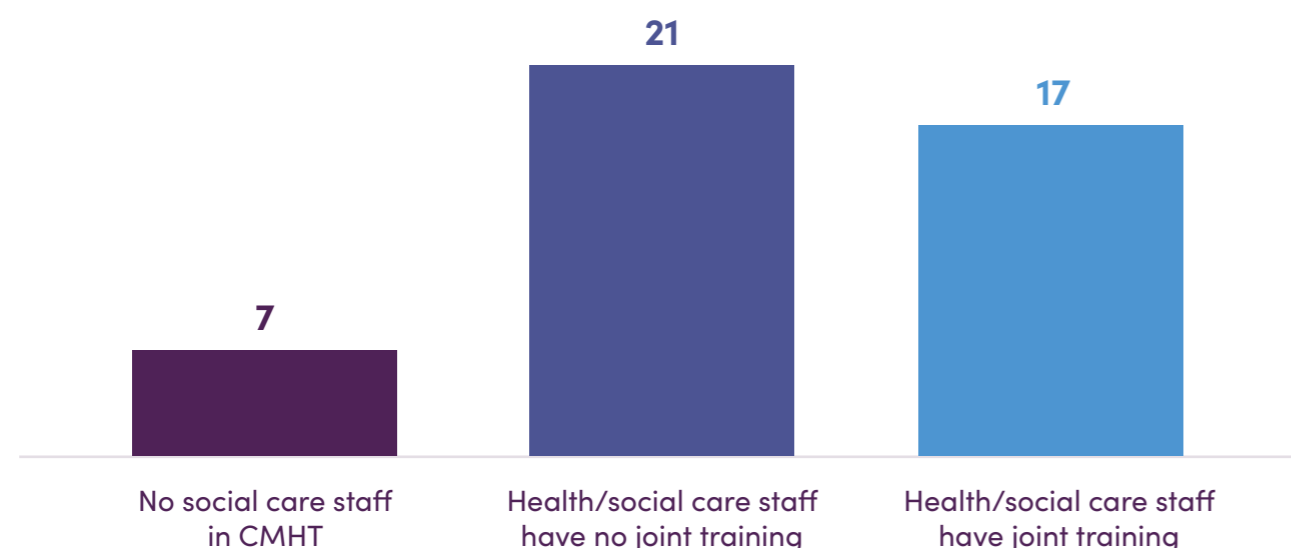
For the purpose of this Spotlight Report, ‘joint training’ means training designed for, and attended by, both health and social care staff at the same time. Joint training for a CMHT is desirable for reasons such as:

- **Collaboration:** Joint training allows staff to develop a shared understanding of their roles, responsibilities, and challenges. This can help to improve communication and collaboration, leading to more effective and efficient delivery of care.
- **Knowledge:** Joint training can provide staff with the opportunity to learn from one another, share best practices, and develop new skills.
- **Satisfaction:** Joint training can improve staff job satisfaction, by promoting a sense of shared purpose and team ethos. Staff may feel more valued and supported when they have the opportunity to learn and develop alongside their colleagues.
- **Costs:** Joint training can be more cost-effective than separate training programs.

This Spotlight Report examined whether joint training was facilitated for CMHT health and social care staff. **Figure 102**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **16%** of CMHTs did not have both health and social care staff.
- **47%** of CMHT offices did not undertake joint health and social care staff training.
- **38%** of CMHT offices periodically undertook joint health and social care staff training.

**Figure 102: Joint Health and Social Care Staff Training at CMHT Offices in Wales.**



## Staff Survey Responses

### 14.4.1. Health and Care Staff Integration – Satisfaction

The survey asked staff their opinion on the extent of health and care integration within their CMHT office. The survey question was, ‘Overall how satisfied are you that the CMHT is an integrated health and social care team? (You may wish to consider the strength of local partnership working, if joint training/away days take place and if single line management is in place)?’.

Over three in ten staff, (37%), were very dissatisfied, or dissatisfied, with the extent of health and social integration at their CMHT office. The proportion of staff responding that they were satisfied, or very satisfied, were similar between health staff (63%) and social care staff (62%). The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**13%** (12) of staff, responding to the survey, stated: ‘**Very dissatisfied**’

**24%** (23) of staff, responding to the survey, stated: ‘**Dissatisfied**’

**45%** (42) of staff, responding to the survey, stated: ‘**Satisfied**’

**18%** (17) of staff, responding to the survey, stated: ‘**Very satisfied**’



**37%**

were very dissatisfied, or dissatisfied, with the extent of health and social integration at their CMHT office.

## 15. Community Links

This section explores how the CMHT maintain, and promote, positive connections to local non-statutory community services.

### 15.1. Gym/Leisure Centre

It is desirable for staff based in CMHT offices to have links with local gyms, leisure centres, and exercise groups, all grouped under 'leisure centres' for this section, for several reasons, such as:

- **Health:** Through links with local leisure centres, staff can encourage service users to engage in activities, which can have a positive impact on their physical health.
- **Well-being:** Physical activity can reduce symptoms of depression and anxiety, improve mood, and increase self-esteem. Through links with local leisure centres, staff can encourage service users to engage in activities, which can have a positive impact on their mental health.
- **Social:** Leisure centres can provide opportunities for social interaction, which can be beneficial for people who are, or feel, isolated or have limited social contact.
- **Motivation:** Engaging in activities at leisure centres can support people who may struggle with self-motivation due to poor mental health.

This Spotlight Report examined if staff at the CMHT office had formed links to local leisure centres or gyms. **Figure 103**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **29%** of CMHT offices have not formed any links with local leisure centres.
- **40%** of CMHT offices could actively signpost to local leisure centres.
- **31%** of CMHT offices had formed links with local leisure centres and where able to offer free, or trial, classes/sessions.

**Figure 103: CMHT Office Links with Local Leisure Centres in Wales.**



### 15.2. Housing Support Services

It is desirable for staff based in CMHT offices to have formal links with housing support services for several reasons, such as:

- **Well-being:** Issues, such as homelessness, unfit, and unstable housing, can exacerbate or lead to poor mental health. By forming links with local housing support services, staff can help address housing-related issues affecting a service users mental health.
- **Partnership:** A housing worker regularly attending the CMHT office can improve their knowledge and understanding of the service user's motivation and mental health. Links to housing support services enable information to be shared about a service users housing situation and any challenges they may be facing. This information sharing can help the CMHT better understand the service users' situation and provide more effective support.
- **Equity:** CMHT staff, working with a housing worker, can support a service user to complete mortgage, social housing or privately rented housing applications, which they may find it difficult to do unsupported, due to unfamiliarity, comprehension or language issues.

Facilitating a housing worker to attend the CMHT office, is preferable as some service users may be unable, or unwilling, to seek advice or support from housing support services because of previous poor experience, embarrassment, anxiety or mental illness. This Spotlight Report examined if staff at the CMHT office had links to local housing support services. **Figure 104**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **76%** of CMHT offices were not regularly attended by a housing worker and had in place only general links to housing support services.
- **16%** of CMHT offices were not regularly attended by a housing worker but had designated and robust links to specific local housing support services.
- **9%** of CMHT offices were regularly attended by a housing worker and had designated and robust links to specific local housing support services.

**Figure 104: CMHT Office Links with Housing Support Services in Wales.**



### 15.3. Benefits/Debt Advice

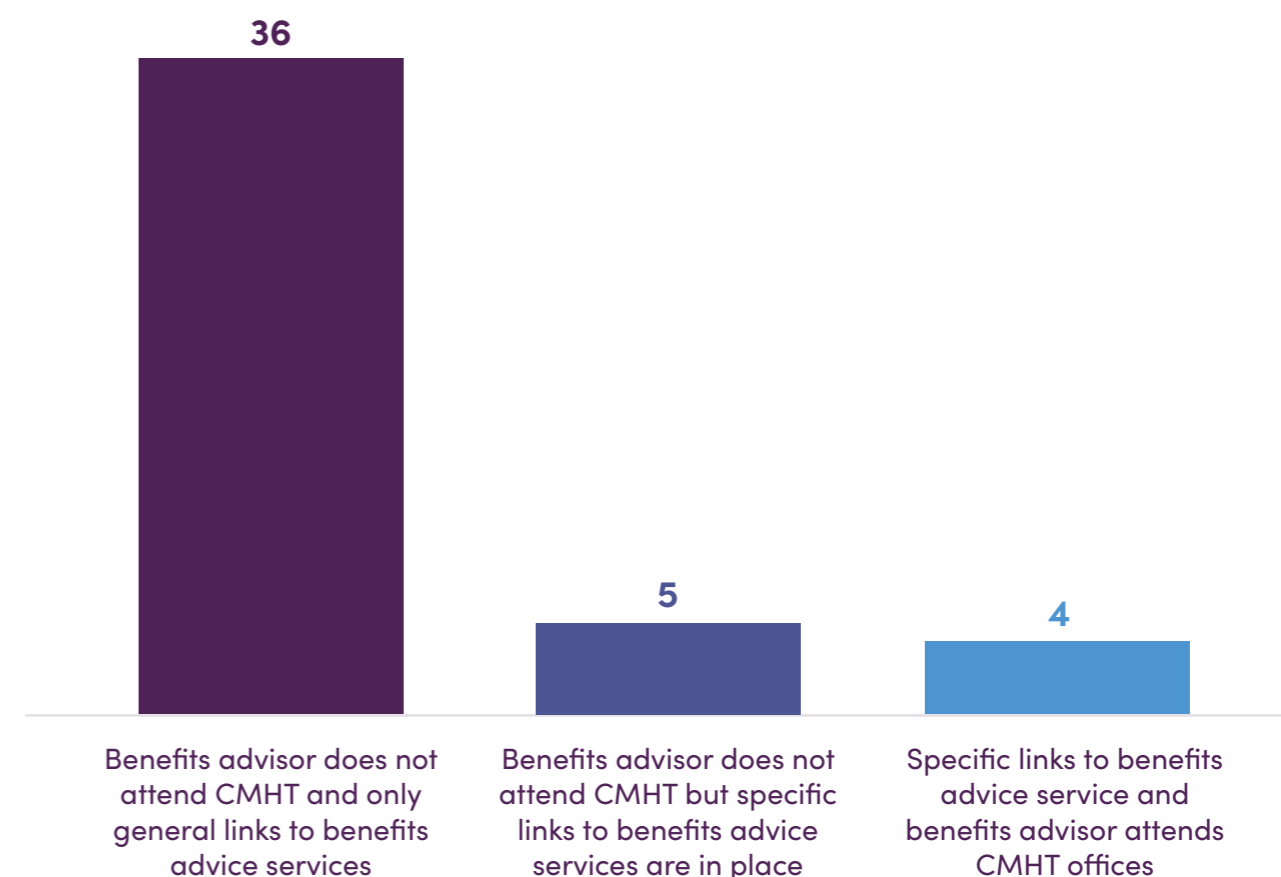
It is desirable for staff based in CMHT offices to have links with benefits advisors, benefits advice, financial advice, or debt advice services, all grouped under ‘benefits advice’ in this section, for several reasons, such as:

- **Holistic:** Mental health care requires a holistic approach, which includes addressing the social determinants of health, such as poverty. Through links with benefits advice services, staff can address the broader needs of service users in addition to their mental health, which can lead to more effective treatment outcomes and improve the overall well-being of service users.
- **Well-being:** Mental illness can affect a person’s ability to claim state benefits that they may be entitled to, effectively balance income/expenditure, or to earn a living. This can lead to financial difficulties and increase stress and anxiety, which can in turn worsen their mental health. By forming links to benefits advice services, staff can encourage service users to access the financial support they need to help them through difficult times. This can include advice on government benefits, debt management, and access routes to financial support.
- **Partnership:** A benefit advisor regularly attending the CMHT office can improve their knowledge and understanding of the service user’s motivation and mental health. Links to benefit advice services enable information to be shared about a service users financial situation and any challenges they may be facing, and this can help the CMHT better understand the service users’ situation and provide more effective support.
- **Equity:** CMHT staff, working with a benefits advisor, can support a service user to complete benefit applications, which they may find it difficult to do unsupported due to unfamiliarity, comprehension or language issues.

Facilitating a benefits advisor to attend the CMHT office is preferable as some service users may be unable, or unwilling, to seek advice, or support, from benefits or debt advice services, because of previous poor experience, embarrassment, anxiety or mental illness. This Spotlight Report examined if staff at the CMHT office had formal links to local benefit advice services. **Figure 105**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **80%** of CMHT offices were not regularly attended by a benefits advisor and had in place only general links to benefit advice services.
- **11%** of CMHT offices were not regularly attended by a benefits advisor but had designated and robust links to specific local benefit advice services.
- **9%** of CMHT offices were regularly attended by a benefits advisor and had designated and robust links to specific local benefit advice services.

Figure 105: CMHT Office Links with Benefits Advice Services in Wales.



## 15.4. Employment Advice

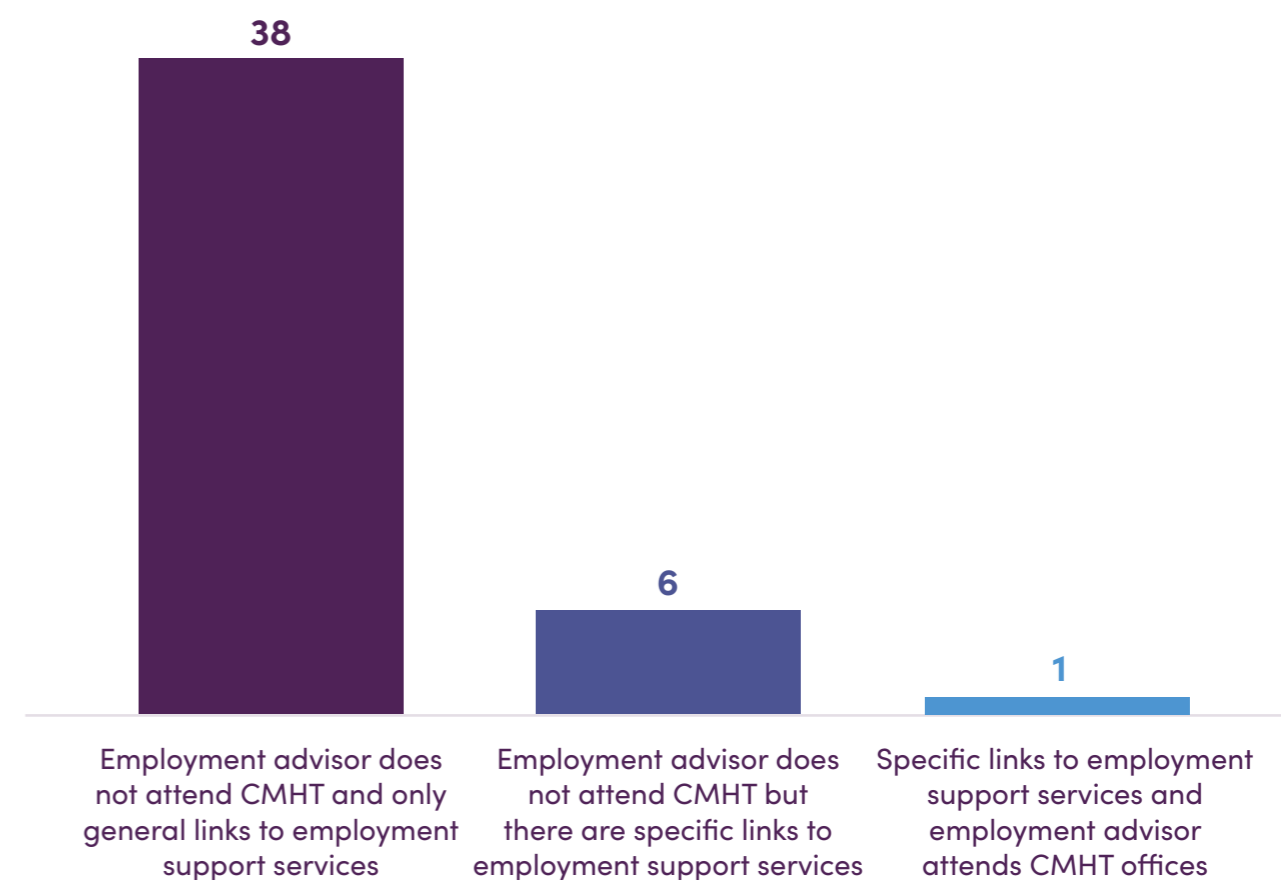
It is desirable for staff based in CMHT offices to have formal links with employment advice services for several reasons, such as:

- **Holistic:** Through links with employment advice services, staff can address the broader needs of service users, in addition to their mental health. This approach can lead to increased self-esteem, and improved well-being for service users as well as improved employment outcomes, such as gaining meaningful employment, increased job satisfaction and higher earnings.
- **Recovery:** Meaningful employment can be an important part of the recovery process for people with mental illness. Having access to employment advice can help service users identify job opportunities that align with their skills and interests, and provide them with the support they need to succeed in the workplace.
- **Equity:** Employment advisors can support service users to complete job applications which they may find it difficult to do so unsupported, due to unfamiliarity, comprehension or language issues.
- **Resources:** Employment advice services may have additional resources that can benefit individuals with mental illness, such as access to training opportunities, financial support, career guidance, and job search assistance.

Facilitating an employment advisor to attend the CMHT office is preferable as some service users may be unable, or unwilling, to seek employment advice or support, because of previous poor experience, embarrassment, anxiety or mental illness. This Spotlight Report examined if staff at the CMHT office had formal links to employment support services. **Figure 106**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **84%** of CMHT offices were not regularly attended by an employment advisor and had in place only general links to employment support services.
- **13%** of CMHT offices were not regularly attended by an employment advisor but had designated and robust links to specific local employment support services.
- **2%** of CMHT offices were regularly attended by an employment advisor and had designated and robust links to specific local employment support services.

Figure 106: CMHT Office Links with Employment Support Services in Wales.



## 15.5. Further Education

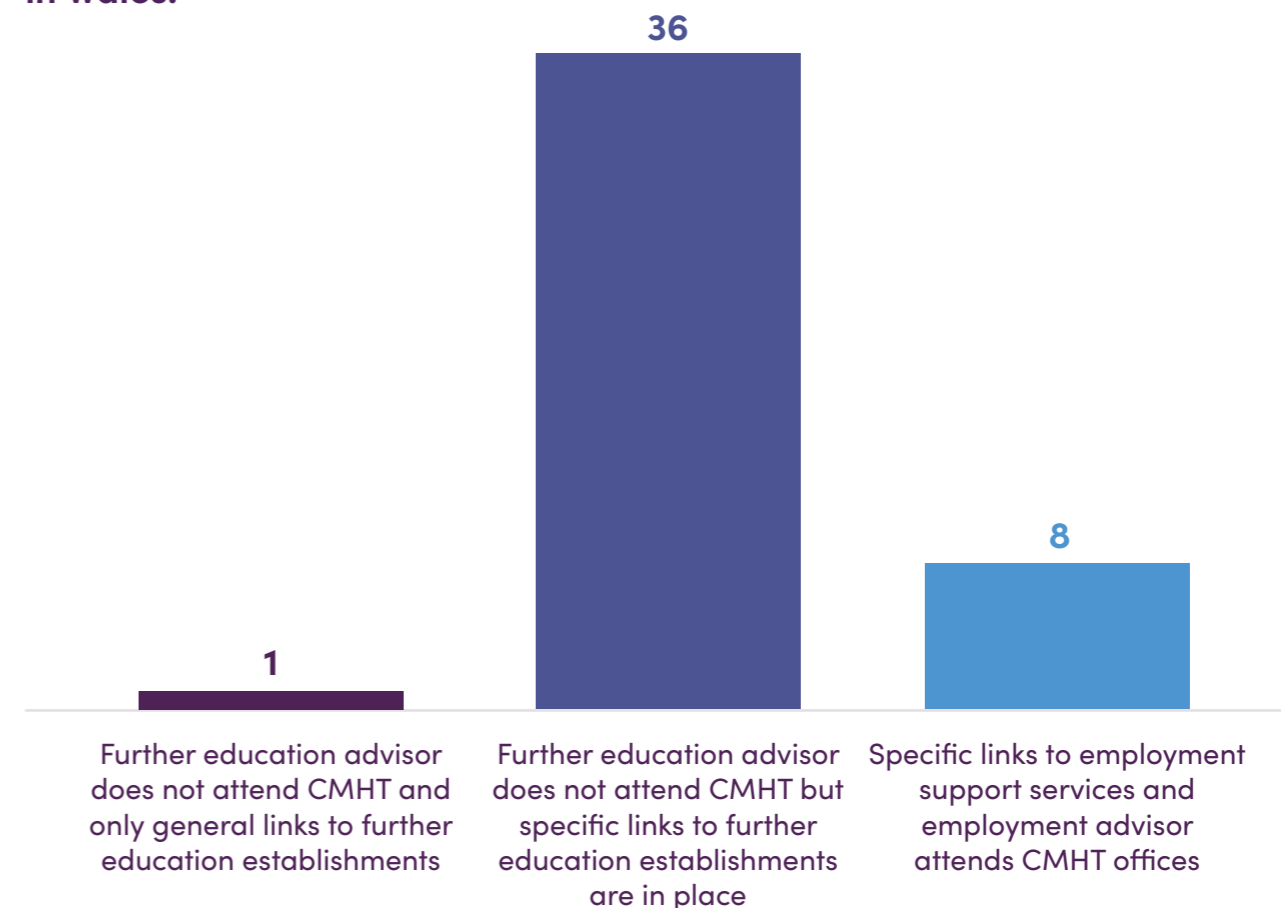
It is desirable for staff based in CMHT offices to have links with further education establishments or further education advice services, for several reasons, such as:

- **Well-being:** Individuals with mental illness are less likely to complete their education compared to those without, and it can affect an individual’s ability to learn and engage in education. Through links with further education advice services or further education establishments, the CMHT can support service users to start, complete or enhance their education, leading to better mental health, sense of accomplishment, and improved employment opportunities.
- **Equity:** A further education advisor can support a service user to complete applications for courses/classes or education support grants, which they may find it difficult to do so unsupported, due to unfamiliarity, comprehension, or language issues.
- **Resources:** Further education advice services may have access to additional resources, that can benefit individuals with mental health issues, such as access to detailed courses descriptions, ‘taster classes’, learning plans, education grants, learning support materials, or teaching assistants.
- **Stigma:** Working with further education advice services can help to increase awareness of mental health issues among students, teachers, and other education professionals. This can help to reduce stigma and increase understanding of the challenges that individuals with mental health issues face when accessing, or trying to access, further education.

Facilitating a further education advisor to attend the CMHT office is preferable as some service users may be unable, or unwilling, to seek advice or support, because of previous poor experience, embarrassment, anxiety or mental illness. This Spotlight Report examined if staff at the CMHT office had links to further education advice services. **Figure 107**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **80%** of CMHT offices were not regularly attended by a further education advisor and had in place only general links to further education establishments.
- **18%** of CMHT offices were not regularly attended by a further education advisor but had designated and robust links to local further education establishments.
- **2%** of CMHT offices were regularly attended by a further education advisor and had designated and robust links to local further education establishments.

**Figure 107: CMHT Office Links with Further Education Advice Services in Wales.**





## 15.6. Third Sector

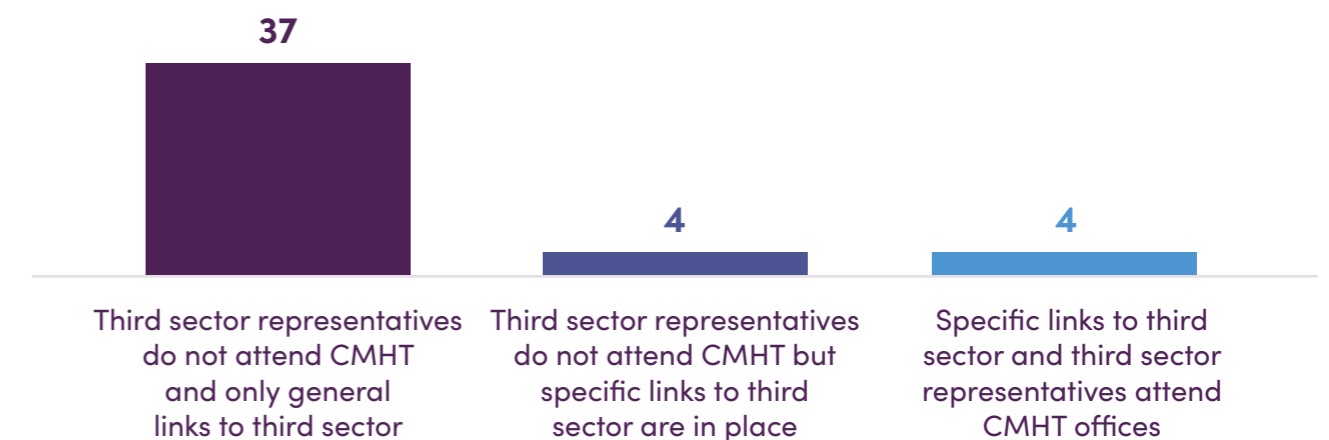
Non-profit groups, community support groups, and charities supporting those with poor mental health are all grouped under ‘third sector’ in this section. It is desirable for staff based in CMHT offices to have links with the third sector for several reasons, such as:

- **Holistic:** Through links with the third sector, the CMHT can offer a more comprehensive and person-centred approach to care, as the sector may offer complementary services such as drop-in centres, group activities, social groups, peer support, or practical support.
- **Access:** The third sector can provide specialised support to specific groups of people, who may be less willing, or able, to engage with statutory services.
- **Choice:** The third sector may have a different approach to mental health care that is less clinical and more community-focused. By working together, the CMHT and third sector, can expand their reach and provide individuals with a wider range of services and resources.

Facilitating third sector representatives to attend the CMHT office is preferable, as some service users may be unable, or unwilling, to seek advice, or support, or attend third sector groups, because of anxiety or mental illness. This Spotlight Report examined if staff at the CMHT office had formal links to the third sector. **Figure 108**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **82%** of CMHT offices were not regularly attended by third sector representatives and had in place only general links to the third sector.
- **9%** of CMHT offices were not regularly attended by third sector representative but had designated and robust links to the third sector.
- **9%** of CMHT offices were regularly attended by third sector representatives and had designated and robust links to the third sector.

**Figure 108: CMHT Office Links with Third Sector in Wales.**



## 15.7. Volunteering

Volunteering facilitators support individuals to identify and arrange volunteering activities. In all areas of Wales, there are overarching organising groups for local voluntary sector organisations. Some third sector groups (see previous section) also encourage and support volunteering. It is desirable for staff based in CMHT offices to have links with local volunteering groups for several reasons, such as:

- **Well-being:** Volunteering can provide service users with a sense of social connectedness and purpose, and help them to build social networks, which in turn can improve mental well-being.
- **Experience:** Volunteering can provide opportunities, and empower service users, to learn new skills, and gain experience, which can support recovery, improve well-being and be useful for future employment opportunities.
- **Stigma:** Volunteering can help reduce the stigma associated with mental illness. By linking service users to volunteering opportunities, staff can help them interact with members of the community, and demonstrate their strengths and abilities.

Facilitating volunteering facilitators to attend the CMHT office is preferable, as some service users may be unable, or unwilling, to seek volunteering opportunities, because of lack of motivation, worries, or mental illness. This Spotlight Report examined if staff at the CMHT office had formal links to volunteering groups. **Figure 109**, shows these findings across the 45 CMHT offices in Wales, the proportions were:

- **84%** of CMHT offices were not regularly attended by any volunteering facilitators and had in place only general links to volunteering groups.
- **11%** of CMHT offices were not regularly attended by any volunteering facilitators but had designated and robust links to local volunteering groups.
- **4%** of CMHT offices were regularly attended by volunteering facilitators and had designated and robust links to local volunteering groups.

**Figure 109: CMHT Office Links to Volunteering Groups in Wales.**



## Staff Survey Responses

### 15.1.1. Links to Gyms/Leisure Centres

The survey asked staff their opinion on the strength of their CMHTs links to local gyms and leisure centres. The survey question was, 'Do you think that your CMHT has strong links to local gyms/leisure centres to refer or signpost service users to?'

Over five in ten staff, (51%), disagreed, or strongly disagreed, that their CMHTs links to local gyms and leisure centres was strong enough. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**16%** (15) of staff, responding to the survey, stated: 'Strongly disagree'

**35%** (33) of staff, responding to the survey, stated: 'Disagree'

**43%** (41) of staff, responding to the survey, stated: 'Agree'

**6%** (6) of staff, responding to the survey, stated: 'Strongly agree'

### 15.2.1. Links to Housing Support Services

The survey asked staff their opinion on the strength of their CMHTs links to housing support services/housing workers. The survey question was, 'Do you think that your CMHT has strong links to housing support services/housing workers to refer or signpost service users?'

Over two in ten staff, (28%), disagreed, or strongly disagreed, that their CMHTs links to housing support services/housing workers was strong enough. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**11%** (10) of staff, responding to the survey, stated: 'Strongly disagree'

**17%** (16) of staff, responding to the survey, stated: 'Disagree'

**68%** (65) of staff, responding to the survey, stated: 'Agree'

**4%** (4) of staff, responding to the survey, stated: 'Strongly agree'

### 15.3.1. Links to Benefit/Debt Advice Services

The survey asked staff their opinion on the strength of their CMHTs links to debt advice services. The survey question was, *‘Do you think that your CMHT has strong links to debt advice services to refer or signpost service users to?’*.

Over two in ten staff, (29%), disagreed, or strongly disagreed, that their CMHTs links to debt advice services was strong enough. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**6%** (6) of staff, responding to the survey, stated: **‘Strongly disagree’**

**23%** (22) of staff, responding to the survey, stated: **‘Disagree’**

**63%** (59) of staff, responding to the survey, stated: **‘Agree’**

**7%** (7) of staff, responding to the survey, stated: **‘Strongly agree’**

### 15.4.1. Links to Employment Support Services

The survey asked staff their opinion on the strength of their CMHTs links to employment support services. The survey question was, *‘Do you think that your CMHT has strong links to employment support services to refer or signpost service users to?’*.

Over three in ten staff, (38%), disagreed, or strongly disagreed, that their CMHTs links to employment support services was strong enough. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**5%** (5) of staff, responding to the survey, stated: **‘Strongly disagree’**

**33%** (31) of staff, responding to the survey, stated: **‘Disagree’**

**58%** (55) of staff, responding to the survey, stated: **‘Agree’**

**4%** (4) of staff, responding to the survey, stated: **‘Strongly agree’**

### 15.5.1. Links to Further Education

The survey asked staff their opinion on the strength of their CMHTs links to further education facilities or advisors. The survey question was, *‘Do you think that your CMHT has strong links to further education facilities or advisors to refer or signpost service users to?’*.

Over five in ten staff, (55%), disagreed, or strongly disagreed, that their CMHTs links to further education facilities or advisors was strong enough. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**10%** (9) of staff, responding to the survey, stated: **‘Strongly disagree’**

**45%** (42) of staff, responding to the survey, stated: **‘Disagree’**

**41%** (39) of staff, responding to the survey, stated: **‘Agree’**

**4%** (4) of staff, responding to the survey, stated: **‘Strongly agree’**

### 15.6.1. Links to Third Sector

The survey asked staff their opinion on the strength of their local third sector organisations. The survey question was, *‘Do you think that your CMHT has strong links to the local third sector so that you can refer or signpost service users to these services?’*.

Over one in ten staff, (13%), disagreed, or strongly disagreed, that their CMHTs links to the third sector was strong enough. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**1%** (1) of staff, responding to the survey, stated: **‘Strongly disagree’**

**12%** (11) of staff, responding to the survey, stated: **‘Disagree’**

**78%** (73) of staff, responding to the survey, stated: **‘Agree’**

**10%** (9) of staff, responding to the survey, stated: **‘Strongly agree’**

### 15.7.1. Links to Volunteering Support

The survey asked staff their opinion on the strength of their volunteering support groups. The survey question was, 'Do you think that your CMHT has strong links to the volunteering support groups so that you can refer or signpost service users to these services?'

Over two in ten staff, (25%), disagreed, or strongly disagreed, that their CMHTs links to volunteering support groups was strong enough. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**2%** (2) of staff, responding to the survey, stated: **'Strongly disagree'**

**23%** (22) of staff, responding to the survey, stated: **'Disagree'**

**64%** (61) of staff, responding to the survey, stated: **'Agree'**

**11%** (10) of staff, responding to the survey, stated: **'Strongly agree'**



**25%**

disagreed, or strongly disagreed, that their CMHTs links to volunteering support groups was strong enough.





## Part C

### Staff Survey Responses

Part C includes:

- CMHT staff survey responses not included in Part B
- CMHT staff survey response ranking.

## 16. Staff Survey Responses

This section explores the CMHT staff survey responses not included in Part B.

### 16.1. Staff Working Pattern

The survey asked staff about their working patterns. The survey question was, 'How often do you currently go into the CMHT office in a working week?'

Over nine in ten staff, (95%), spend 3 days, or more, a week in their CMHT office. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**0%** (0) of staff, responding to the survey, stated: **'Never – I work remotely'**

**5%** (5) of staff, responding to the survey, stated: **'1 to 2 days per week'**

**35%** (33) of staff, responding to the survey, stated: **'3 to 4 days per week'**

**60%** (56) of staff, responding to the survey, stated: **'Every day'**

### 16.2. Staff Commuting Mode

The survey asked staff about their usual use of transport to commute to work. The survey question was, 'What mode of transport do you use to get to work at the CMHT office?'

Over nine in ten staff, (96%), commuted by car to their CMHT office. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**4%** (4) of staff, responding to the survey, stated: **'Walk'**

**93%** (87) of staff, responding to the survey, stated: **'Car on my own'**

**3%** (3) of staff, responding to the survey, stated: **'Car share'**

**0%** (0) of staff, responding to the survey, stated: **'Train'**

**0%** (0) of staff, responding to the survey, stated: **'Cycle'**

**0%** (0) of staff, responding to the survey, stated: **'Motorcycle'**

**0%** (0) of staff, responding to the survey, stated: **'Bus'**

## 16.3. Staff Commuting Time

The survey asked staff about the time it usually takes to commute to work. The survey question was, 'How long is your normal traveling time (to the CMHT office)?'

Over six in ten staff, (64%), spent less than half an hour commuting to their CMHT office. The possible responses presented to staff as part of the survey and aggregated staff responses are shown below:

**30%** (28) of staff, responding to the survey, stated: **'Less than 15 minutes'**

**34%** (32) of staff, responding to the survey, stated: **'Between 15 to 30 minutes'**

**35%** (33) of staff, responding to the survey, stated: **'Between 30 minutes to 1 hour'**

**1%** (1) of staff, responding to the survey, stated: **'More than 1 hour'**



**64%**

spent less than half an hour commuting to their CMHT office.

## 17. Staff Survey Response Ranking

This section explores the ranking of the CMHT staff survey responses.

### 17.1. Responses to Importance to Staff Questions

There were 25 questions where staff were asked if the issue was important to them. The ranking of the responses, as a percentile of the total staff responses, was as following:

- **Joint 1st: 100%** agreed, or strongly agreed, that clinical supervision was an important issue
- **Joint 1st: 100%** agreed, or strongly agreed, that having a staff rest area at the CMHT office was an important issue
- **Joint 3rd: 99%** felt that the design and maintenance of the CMHT office was an important, or very important issue
- **Joint 3rd: 99%** agreed, or strongly agreed, that having a food storage area at the CMHT office was an important issue
- **Joint 3rd: 99%** agreed, or strongly agreed, that management supervision was an important issue
- **Joint 6th: 98%** agreed, or strongly agreed, that cost free parking was an important issue
- **Joint 6th: 98%** agreed, or strongly agreed, that personal/room alarms was an important issue
- **Joint 6th: 98%** agreed, or strongly agreed, that a work desk was an important issue
- **Joint 6th: 98%** agreed, or strongly agreed, that work space was an important issue
- **Joint 6th: 98%** agreed, or strongly agreed, that Wi-Fi availability was an important issue
- **Joint 6th: 98%** agreed, or strongly agreed, that having a toaster and microwave was an important issue
- **Joint 12th: 97%** agreed, or strongly agreed, that having a food storage area at the CMHT office was an important issue
- **Joint 12th: 97%** agreed, or strongly agreed, that safe interview rooms were an important issue

- **Joint 12th: 97%** agreed, or strongly agreed, that the staff parking at the CMHT office was an important issue
- **Joint 15th: 96%** agreed, or strongly agreed, that having well-maintained staff toilets was an important issue
- **Joint 15th: 96%** agreed, or strongly agreed, that a reception area was an important issue
- **Joint 15th: 96%** agreed, or strongly agreed, that CMHT office temperature was an important issue
- **Joint 15th: 96%** agreed, or strongly agreed, that staff parking area lighting was an important issue
- **Joint 19th: 95%** agreed, or strongly agreed, that staff parking area security was an important issue.
- **Joint 20th: 94%** agreed, or strongly agreed, that attending away days was an important issue
- **Joint 21st: 91%** agreed, or strongly agreed, that having guidance in place for lone working at the CMHT office was an important issue
- **Joint 22nd: 80%** agreed, or strongly agreed, that having a personal storage lockers at the CMHT office was an important issue
- **Joint 23rd: 79%** agreed, or strongly agreed, that electric vehicle charging point availability was an important issue
- **Joint 24th: 69%** agreed, or strongly agreed, that cycle bay availability was an important issue
- **Joint 25th: 67%** agreed, or strongly agreed, that having staff showers at the CMHT office was an important issue.

### 17.3. Responses to Impact on Staff Recruitment Questions

There were 4 questions where staff were asked if the issue may have an impact on recruitment and retention. The ranking of the responses, as a percentile of the total staff responses, was as following:

- **First: 84%** felt that the issue of cost free parking would very often, or sometimes, have an impact on staff recruitment and retention
- **Second: 58%** felt that the design and maintenance of the CMHT office would very often, or sometimes, have an impact on staff recruitment and retention
- **Third: 40%** felt that the issue of electric vehicle charging point would very often, or sometimes, have an impact on staff recruitment and retention
- **Fourth: 30%** felt that the issue of cycle bay availability would very often, or sometimes, have an impact on staff recruitment and retention.

### 17.4. Responses to Service User Importance Questions

There were 3 questions where staff were asked if the issue may be important for service users. The ranking of the responses, as a percentile of the total staff responses, was as following:

- **First: 92%** agreed, or strongly agreed, that the convenience of the CMHT office location was an important issue for service users
- **Second: 89%** agreed, or strongly agreed, that the transport costs are an important issue for service users
- **Third: 68%** felt that service users have had difficulty accessing the CMHT due to transport costs, often, or sometimes.

### 17.5. Responses to Staff Satisfaction Questions

There were 22 questions where staff were asked how satisfied or dissatisfied they were with an issue. The ranking of the responses, as a percentile of the total staff responses, was as following:

- **First: 81%** thought staff away days should be held more often than at present
- **Second: 74%** did not think that they had enough interviews rooms at their CMHT office
- **Third: 73%** were dissatisfied, or very dissatisfied, with their CMHT office design
- **Fourth: 71%** did not have a staff rest area and thought they needed one, or thought that the one they had was very poor

- **Fifth: 55%** were dissatisfied, or very dissatisfied, with the maintenance of their CMHT office
- **Sixth: 49%** did not have personal storage lockers and thought they needed some, or thought that the ones they had were very poor
- **Seventh: 48%** did not have interviews room and thought they needed some, or that the ones they had were very poor
- **Eighth: 47%** thought that temperature control at their CMHT office was very poor
- **Ninth: 44%** did not have staff showers and thought they needed some, or that the ones they had were very poor
- **Tenth: 43%** thought that parking area security at their CMHT office was very poor
- **Eleventh: 41%** did not have a personal/room alarms and thought they needed them, or that the ones they have were very poor
- **Joint Twelfth: 38%** were very dissatisfied, or dissatisfied, with the extent of health and social integration at their CMHT office
- **Joint Twelfth: 38%** did not have a food storage area rest area and thought they needed one, or thought that the one they had was very poor
- **Joint Fourteenth: 36%** thought that amount of work space at their CMHT office was very poor
- **Joint Fourteenth: 36%** thought that parking area lighting at their CMHT office was very poor
- **Sixteenth: 35%** thought clinical supervision should occur more often than at present
- **Seventeenth: 34%** thought that the state of staff toilets at their CMHT office was very poor
- **Eighteenth: 32%** did not have a reception area and thought that they needed one, or that the one they had was very poor
- **Nineteenth: 29%** thought that Wi-Fi availability at their CMHT office was very poor
- **Joint Twentieth: 26%** did not have a staff fridge and thought they needed one, or thought that the one they had was very poor
- **Joint Twentieth: 26%** thought management supervision should occur more often than at present
- **Twenty-Second: 24%** did not have a work desk and thought they needed one, or that the one they had was very poor.

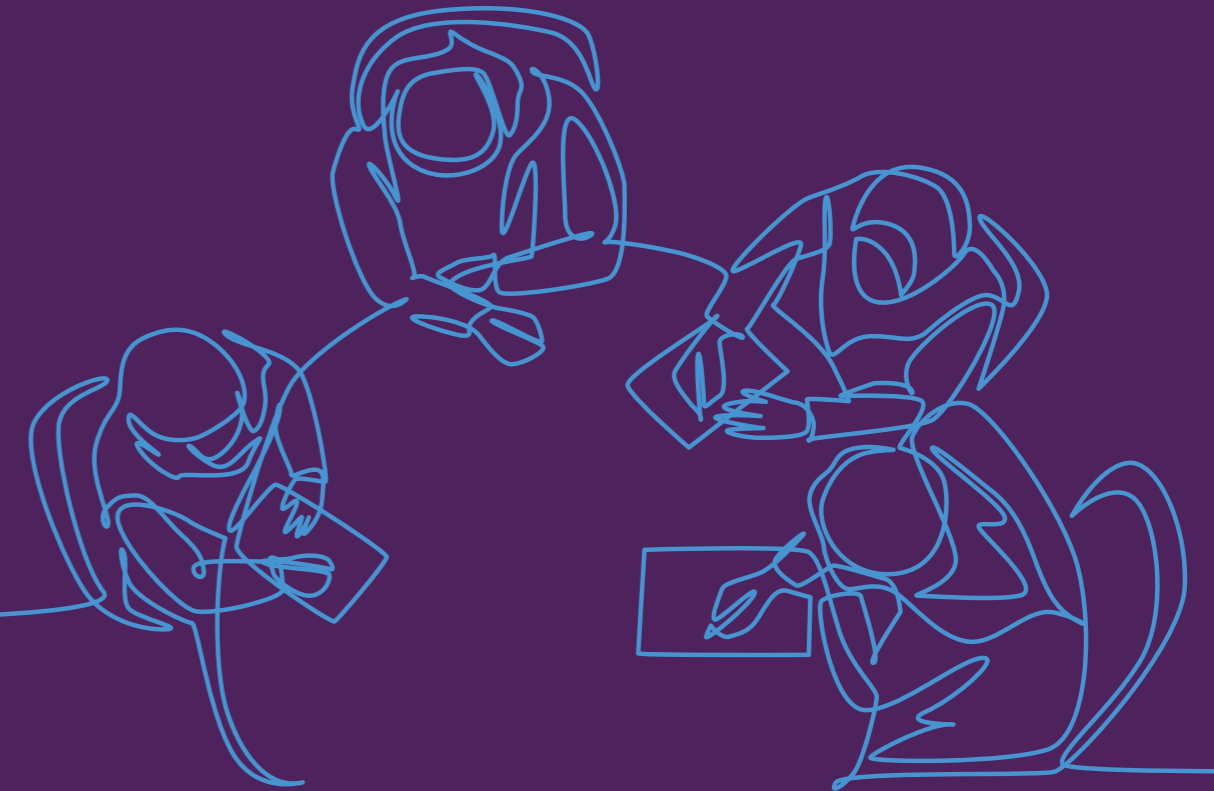
## 17.6. Responses to Staff Opinion or Statement Questions

There were 19 questions where staff were asked their opinion on an issue or if they agreed or disagreed with a statement. The ranking of the responses, as a percentile of the total staff responses, was as following:

- **First: 78%** thought there should be staff only toilets available
- **Second: 76%** never had, or could not remember having, staff away days
- **Third: 72%** worked alone in the CMHT office at least a few times per year
- **Joint Third: 72%** experience difficulties parking at their CMHT office, some or most of the time
- **Fifth: 69%** who were eligible for dedicated clinical supervision, had it less once per month
- **Sixth: 55%** disagreed, or strongly disagreed, that the links to further education was strong enough
- **Seventh: 51%** disagreed, or strongly disagreed, that their links to local gyms and leisure centres was strong enough
- **Eighth: 47%** very often or sometimes, felt unsafe whilst working in their CMHT office due to its design or maintenance
- **Ninth: 38%** disagreed, or strongly disagreed, that their links to employment support services was strong enough
- **Tenth: 37%** very often or sometimes, felt unsafe due when using the interview rooms at their CMHT office
- **Eleventh: 30%** very often or sometimes, felt unsafe due to parking area security at their CMHT office
- **Joint Twelfth: 29%** disagreed, or strongly disagreed, that the links to debt advice services was strong enough
- **Joint Twelfth: 29%** sometimes or often, felt unsafe whilst working alone in their CMHT office
- **Fourteenth: 28%** disagreed, or strongly disagreed, that their links to housing support services was strong enough
- **Fifteenth: 25%** disagreed, or strongly disagreed, that their links to volunteering support groups was strong enough

- **Sixteenth: 23%** never had management supervision, or only had it once per year
- **Seventeenth: 13%** disagree, or strongly disagreed, that their links to the third sector was strong enough
- **Eighteenth: 11%** did not have a staff toaster and thought they needed one
- **Nineteenth: 4%** did not have a staff microwave oven and thought they needed one.





## Part D

### Service User Survey Responses

Part D includes:

- Service user survey responses
- Service user overall responses.

## 18. Service User Survey Responses

This section details the responses to the service user survey. Note the small number of responses compared the much larger number of current CMHT service users means the responses should be taken as indicative only.

### 18.1. Travel Method

The survey asked service users about their usual use of transport to attend an appointment at the CMHT office. The survey question was, 'How did you travel to this Community Mental Health Team office? Please select all that apply?'

Five in ten service users, (57%), travelled by car to their appointment at the CMHT office and no individual selected more than a single response. The possible responses presented to service users as part of the survey and aggregated responses for the 35 service users who responded to this survey question are shown below:

**57%** of service users stated: 'Car'

**26%** of service users stated: 'Walk'

**11%** of service users stated: 'Bus'

**9%** of service users stated: 'Other' and added details such as 'cycling' and 'given lift by CMHT staff'

**6%** of service users stated: 'Taxi'

**0%** of service users stated: 'Train'



**57%**

travelled by car to their appointment at the CMHT office and no individual selected more than a single response.

### 18.2. Journey Time

The survey asked service users about their usual journey time to attend an appointment at the CMHT office. The survey question was, 'How long was your journey?'

Over nine in ten service users, (97%), who could recall, had a journey time of under 30 minutes. The possible responses presented to service users as part of the survey and aggregated responses for the 35 service users who responded to this survey question are shown below:

**46%** of service users stated: 'Less than 15 minutes'

**34%** of service users stated: 'Between 15 to 30 minutes'

**11%** of service users stated: 'Between 30 minutes to 1 hour'

**3%** of service users stated: 'More than 1 hour'

**6%** of service users stated: 'Don't know/can't remember'

### 18.3. Access Time

The survey asked service users about the most recent appointment time at the CMHT office. The survey question was, 'When did you access the service on your most recent visit?'

Over nine in ten service users, (97%), had a weekday appointment at the CMHT office between the times of 9am to 5pm. The possible responses presented to service users as part of the survey and aggregated responses for the 34 service users who responded to this survey question are shown below:

**97%** of service users stated: 'Between 9am–5pm Monday to Friday'

**3%** of service users responding to this survey question, stated: 'Before 9am Monday to Friday'

**0%** of service users stated: 'After 5pm Monday to Friday'

**0%** of service users stated: 'Saturday or Sunday'

## 18.4. Access Time Convenience

The survey asked service users their opinion on the convenience of their most recent appointment time at the CMHT office. The survey question was, *'Was the time you accessed the service appropriate for your needs?'*

Nine in ten service users, (90%), who had an opinion, had a CMHT office appointment time that was convenient for them. The possible responses presented to service users as part of the survey and aggregated responses for the 34 service users who responded to this survey question are shown below:

**82%** of service users stated: **'Yes'**

**9%** of service users stated: **'No, I would of liked to access it another time'**

**9%** of service users stated: **'Don't know'**

## 18.5. Location

The survey asked service users to recall if they easily located the CMHT office on their first appointment. The survey question was, *'When you visited this team office for the FIRST time, was it easy to find?'*

Five in ten service users, (54%), did not, or only to some extent, find it easy to locate the CMHT office on their first appointment. The possible responses presented to service users as part of the survey and aggregated responses for the 35 service users who responded to this survey question are shown below:

**46%** of service users stated: **'Yes, definitely'**

**40%** of service users stated: **'Yes, to some extent'**

**14%** of service users stated: **'No'**



**54%**

did not, or only to some extent, find it easy to locate the CMHT office on their first appointment.

## 18.6. Parking

The survey asked service users about their experience of parking when attending CMHT office appointments. The survey question was, *'Is parking at this location easily available?'*

Over six in ten service users, (64%), who used parking, sometimes, rarely, or never, found parking available at the CMHT office. The possible responses presented to service users as part of the survey and aggregated responses for the 35 service users who responded to this survey question are shown below:

**6%** of service users stated: **'Always'**

**23%** of service users stated: **'Very often'**

**31%** of service users stated: **'Sometimes'**

**11%** of service users stated: **'Rarely'**

**9%** of service users stated: **'Never'**

**20%** of service users stated: **'I did not use parking'**

## 18.7. Experience on Arrival

The survey asked service users about their experience of being greeted by staff during CMHT office appointments. The survey question was, *'How often, if at all, do the following statements apply to your most recent visits-staff greeted me on arrival?'*

Four in ten service users, (44%), were always, or very often, greeted on arrival by staff during CMHT office appointments. The possible responses presented to service users as part of the survey and aggregated responses for the 34 service users who responded to this survey question are shown below:

**35%** of service users stated: **'Always'**

**12%** of service users stated: **'Rarely'**

**9%** of service users stated: **'Very often'**

**6%** of service users stated: **'Never'**

**38%** of service users stated: **'Sometimes'**

**0%** of service users stated: **'Don't know'**

## 18.8. Experience of Staff Introductions

The survey asked service users about their experience of staff introducing themselves during CMHT office appointments. The survey question was, *'How often, if at all, do the following statements apply to your most recent visits—staff members introduced themselves?'*

Over six in ten service users, (61%), who could recall, were always, or very often, introduced to staff during CMHT office appointments. The possible responses presented to service users as part of the survey and aggregated responses for the 34 service users who responded to this survey question are shown below:

<b>32%</b> of service users stated: <b>'Always'</b>	<b>9%</b> of service users stated: <b>'Rarely'</b>
<b>29%</b> of service users stated: <b>'Very often'</b>	<b>15%</b> of service users stated: <b>'Never'</b>
<b>12%</b> of service users stated: <b>'Sometimes'</b>	<b>3%</b> of service users stated: <b>'Don't know'</b>

## 18.9. Experience of Privacy

The survey asked service users about their experience of privacy during CMHT office appointments. The survey question was, *'How often, if at all, do the following statements apply to your most recent visits – a private room was available for confidential conversations?'*

Over eight in ten service users, (83%) accessed a private room for confidential conversations, always, or very often, during CMHT office appointments. The possible responses presented to service users as part of the survey and aggregated responses for the 34 service users who responded to this survey question are shown below:

<b>62%</b> of service users stated: <b>'Always'</b>	<b>3%</b> of service users stated: <b>'Rarely'</b>
<b>21%</b> of service users stated: <b>'Very often'</b>	<b>3%</b> of service users stated: <b>'Never'</b>
<b>12%</b> of service users stated: <b>'Sometimes'</b>	<b>0%</b> of service users stated: <b>'Don't know'</b>

## 18.10. Experience of Engagement

The survey asked service users about their experience of staff giving them an opportunity to ask questions during CMHT office appointments. The survey question was, *'How often, if at all, do the following statements apply to your most recent visits—I had the opportunity to ask questions?'*

Seven in ten service users, (77%) always, or very often, had the opportunity to ask questions during CMHT office appointments. The possible responses presented to service users as part of the survey and aggregated responses for the 34 service users who responded to this survey question are shown below:

<b>56%</b> of service users stated: <b>'Always'</b>	<b>12%</b> of service users stated: <b>'Rarely'</b>
<b>21%</b> of service users stated: <b>'Very often'</b>	<b>3%</b> of service users stated: <b>'Never'</b>
<b>9%</b> of service users stated: <b>'Sometimes'</b>	<b>0%</b> of service users stated: <b>'Don't know'</b>

## 18.11. Experience on Explanation

The survey asked service users about their experience of having information clearly explained during CMHT office appointments. The survey question was, *'How often, if at all, do the following statements apply to your most recent visits – Information I received was explained to me in a way I could understand?'*

Over six in ten service users, (62%), always, or very often, had information clearly explained during CMHT office appointments. The possible responses presented to service users as part of the survey and aggregated responses for the 34 service users who responded to this survey question are shown below:

<b>47%</b> of service users stated: <b>'Always'</b>	<b>9%</b> of service users stated: <b>'Rarely'</b>
<b>15%</b> of service users stated: <b>'Very often'</b>	<b>6%</b> of service users stated: <b>'Never'</b>
<b>24%</b> of service users stated: <b>'Sometimes'</b>	<b>0%</b> of service users stated: <b>'Don't know'</b>

## 18.12. Visibility of Toilet Signage

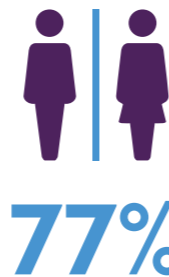
The survey asked service users how visible the toilet signage was at the CMHT office. The survey question was, *'Is the following signage and information within the CMHT office clearly visible – toilet?'*

Seven in ten service users, (77%), who could recall, felt the toilet signage was clearly visible at the CMHT office. The possible responses presented to service users as part of the survey and aggregated responses for the 33 service users who responded to this survey question are shown below:

**70%** of service users stated: **'Yes'**

**21%** of service users stated: **'No'**

**9%** of service users stated: **'Don't know/can't remember'**



who could recall, felt the toilet signage was clearly visible at the CMHT office.

## 18.13. Visibility of Fire Exit Signage

The survey asked service users how visible the fire exit signage was at the CMHT office. The survey question was, *'Is the following signage and information within the CMHT office clearly visible – fire exits?'*

Eight in ten service users, (80%), who could recall, felt the fire exit signage was clearly visible at the CMHT office. The possible responses presented to service users as part of the survey and aggregated responses for the 33 service users who responded to this survey question are shown below:

**48%** of service users stated: **'Yes'**

**12%** of service users stated: **'No'**

**39%** of service users stated: **'Don't know/can't remember'**

## 18.14. Visibility of Feedback Information

The survey asked service users how visible the information on how to provide feedback on services received at the CMHT office. The survey question was, *'Is the following signage and information within the CMHT office clearly visible – how to provide feedback on the service?'*

Five in ten service users, (56%), who could recall, felt the information on providing feedback was clearly visible at the CMHT office. The possible responses presented to service users as part of the survey and aggregated responses for the 33 service users who responded to this survey question are shown below:

**36%** of service users stated: **'Yes'**

**45%** of service users stated: **'No'**

**18%** of service users stated: **'Don't know/can't remember'**

## 18.15. Visibility of Local Contacts Information

The survey asked service users how visible the information on the contact details for local support services, such as helplines, was at the CMHT office. The survey question was, *'Is the following signage and information within the CMHT office clearly visible – contact details for relevant services e.g., helplines?'*

Over seven in ten service users, (73%), who could recall, felt the information on contact details for local support services was clearly visible at the CMHT office. The possible responses presented to service users as part of the survey and aggregated responses for the 33 service users who responded to this survey question are shown below:

**59%** of service users stated: **'Yes'**

**22%** of service users stated: **'No'**

**19%** of service users stated: **'Don't know/can't remember'**

## 18.16. Opinion on Location

The survey asked service users their opinion on the location of the CMHT office. The survey question was, *'To what extent do you agree with the following statements – the location felt safe?'*

Over seven in ten service users, (78%), strongly agreed, or agreed, that, for them, the location of the CMHT office felt safe. The possible responses presented to service users as part of the survey and aggregated responses for the 33 service users who responded to this survey question are shown below:

**36%** of service users stated: **'Strongly agree'**

**42%** of service users stated: **'Agree'**

**9%** of service users stated: **'Neither agree nor disagree'**

**9%** of service users stated: **'Disagree'**

**3%** of service users stated: **'Strongly disagree'**

## 18.17. Opinion on Cleanliness

The survey asked service users their opinion of the cleanliness of the CMHT office. The survey question was, *'To what extent do you agree with the following statements – the building was clean?'*

Over eight in ten service users, (85%), strongly agreed, or agreed, that, to them, the CMHT office appeared clean. The possible responses presented to service users as part of the survey and aggregated responses for the 33 service users who responded to this survey question are shown below:

**52%** of service users stated: **'Strongly agree'**

**33%** of service users stated: **'Agree'**

**15%** of service users stated: **'Neither agree nor disagree'**

**0%** of service users stated: **'Disagree'**

**0%** of service users stated: **'Strongly disagree'**

## 18.18. Opinion on Reception Area

The survey asked service users their opinion of the reception area at the CMHT office. The survey question was, *'To what extent do you agree with the following statements – the waiting room felt safe?'*

Over seven in ten service users, (72%), strongly agreed, or agreed, that, for them, the reception area of the CMHT office felt safe. The possible responses presented to service users as part of the survey and aggregated responses for the 33 service users who responded to this survey question are shown below:

**36%** of service users stated: **'Strongly agree'**

**36%** of service users stated: **'Agree'**

**18%** of service users stated: **'Neither agree nor disagree'**

**3%** of service users stated: **'Disagree'**

**6%** of service users stated: **'Strongly disagree'**

## 18.19. Opinion on Reception Area Cleanliness

The survey asked service users their opinion of the cleanliness of the reception area of the CMHT office. The survey question was, *'To what extent do you agree with the following statements – the waiting room was clean?'*

Nine in ten service users, (90%), strongly agreed, or agreed, that, to them, the reception area of the CMHT office appeared clean. The possible responses presented to service users as part of the survey and aggregated responses for the 33 service users who responded to this survey question are shown below:

**42%** of service users stated: **'Strongly agree'**

**48%** of service users stated: **'Agree'**

**9%** of service users stated: **'Neither agree nor disagree'**

**0%** of service users stated: **'Disagree'**

**0%** of service users stated: **'Strongly disagree'**

## 18.20. Opinion on Reception Area Seating

The survey asked service users their opinion of the seating availability in the reception area of the CMHT office. The survey question was, *'To what extent do you agree with the following statements – there were enough chairs in the waiting room?'*

Over seven in ten service users, (78%), strongly agreed, or agreed, that, to them, the reception area of the CMHT office had adequate seating. The possible responses presented to service users as part of the survey and aggregated responses for the 33 service users who responded to this survey question are shown below:

**39%** of service users stated: **'Strongly agree'**

**39%** of service users stated: **'Agree'**

**6%** of service users stated: **'Neither agree nor disagree'**

**12%** of service users stated: **'Disagree'**

**3%** of service users stated: **'Strongly disagree'**



## 19. Service User Overall Satisfaction

This section details the responses to the overall satisfaction questions that formed part of the service user survey.

### 19.1. Overall Satisfaction – Respect and Dignity

The survey asked service users if they felt they were treated with respect and dignity during their most recent appointment at the CMHT office. The survey question was, *‘Overall, did you feel you were treated with respect and dignity during your visit?’*

Over seven in ten service users, (79%), were definitely, or to some extent, treated with respect and dignity during their most recent appointment at the CMHT office. The possible responses presented to service users as part of the survey and aggregated responses for the 34 service users who responded to this survey question are shown below:

**53%** (28) of service users, responding to the survey, stated: **‘Yes, definitely’**

**26%** (32) of service users, responding to the survey, stated: **‘Yes, to some extent’**

**21%** (1) of service users, responding to the survey, stated: **‘No’**

### 19.2. Overall Satisfaction – Location

The survey asked service users if they felt, overall, satisfied with the location of the CMHT office. The survey question was, *‘Overall, how satisfied were you with the following aspects of your visits – location?’*

Over seven in ten service users, (76%), were very satisfied, or satisfied, with the location of the CMHT office. The possible responses presented to service users as part of the survey and aggregated responses for the 33 service users who responded to this survey question are shown below:

**24%** of service users stated: **‘Very satisfied’**

**52%** of service users stated: **‘Satisfied’**

**18%** of service users stated: **‘Neither satisfied or dissatisfied’**.

**6%** of service users stated: **‘Dissatisfied’**.

**0%** of service users stated: **‘Very dissatisfied’**

### 19.3. Overall Satisfaction – Accessibility

The survey asked service users if the CMHT office was accessible. The survey question was, *‘Overall, how satisfied were you with the following aspects of your visits – accessibility?’*

Over seven in ten service users, (75%), were very satisfied, or satisfied, that the CMHT office was accessible. The possible responses presented to service users as part of the survey and aggregated responses for the 33 service users who responded to this survey question are shown below:

**30%** of service users stated: **‘Very satisfied’**

**45%** of service users stated: **‘Satisfied’**

**18%** of service users stated: **‘Neither satisfied or dissatisfied’**

**3%** of service users stated: **‘Dissatisfied’**

**3%** of service users stated: **‘Very dissatisfied’**

### 19.4. Overall Satisfaction – Building and Environment

The survey asked service users how satisfied they were with the CMHT office building and environment. The survey question was, *‘Overall, how satisfied were you with the following aspects of your visits – building and environment?’*

Over seven in ten service users, (75%), were very satisfied, or satisfied, with the CMHT office building and environment. The possible responses presented to service users as part of the survey and aggregated responses for the 33 service users who responded to this survey question are shown below:

**27%** of service users stated: **‘Very satisfied’**

**48%** of service users stated: **‘Satisfied’**

**12%** of service users stated: **‘Neither satisfied or dissatisfied’**

**3%** of service users stated: **‘Dissatisfied’**

**9%** of service users stated: **‘Very dissatisfied’**

## 19.5. Overall Satisfaction – Quality

The survey asked service users about the quality of the service they received from the CMHT. The survey question was, *‘Overall, how satisfied were you with the following aspects of your visits – quality of service?’*

Over six in ten service users, (60%), were very satisfied, or satisfied, with the quality of the service they received from the CMHT, during their appointments at the CMHT office. The possible responses presented to service users as part of the survey and aggregated responses for the 33 service users who responded to this survey question are shown below:

**36%** of service users, responding to the survey, stated: **‘Very satisfied’**

**24%** of service users, responding to the survey, stated: **‘Satisfied’**

**9%** of service users, responding to the survey, stated: **‘Neither satisfied or dissatisfied’**

**15%** of service users, responding to the survey, stated: **‘Dissatisfied’**

**15%** of service users, responding to the survey, stated: **‘Very dissatisfied’**

## 19.6. Overall Experience

The survey asked service users about the overall experience of the CMHT. The survey question was, *‘Overall, how was your experience of our service?’*

Over six in ten service users, (66%), were very satisfied, or satisfied, that services they received from the CMHT. The possible responses presented to service users as part of the survey and aggregated responses for the 33 service users who responded to this survey question are shown below:

**39%** of service users stated: **‘Very satisfied’**

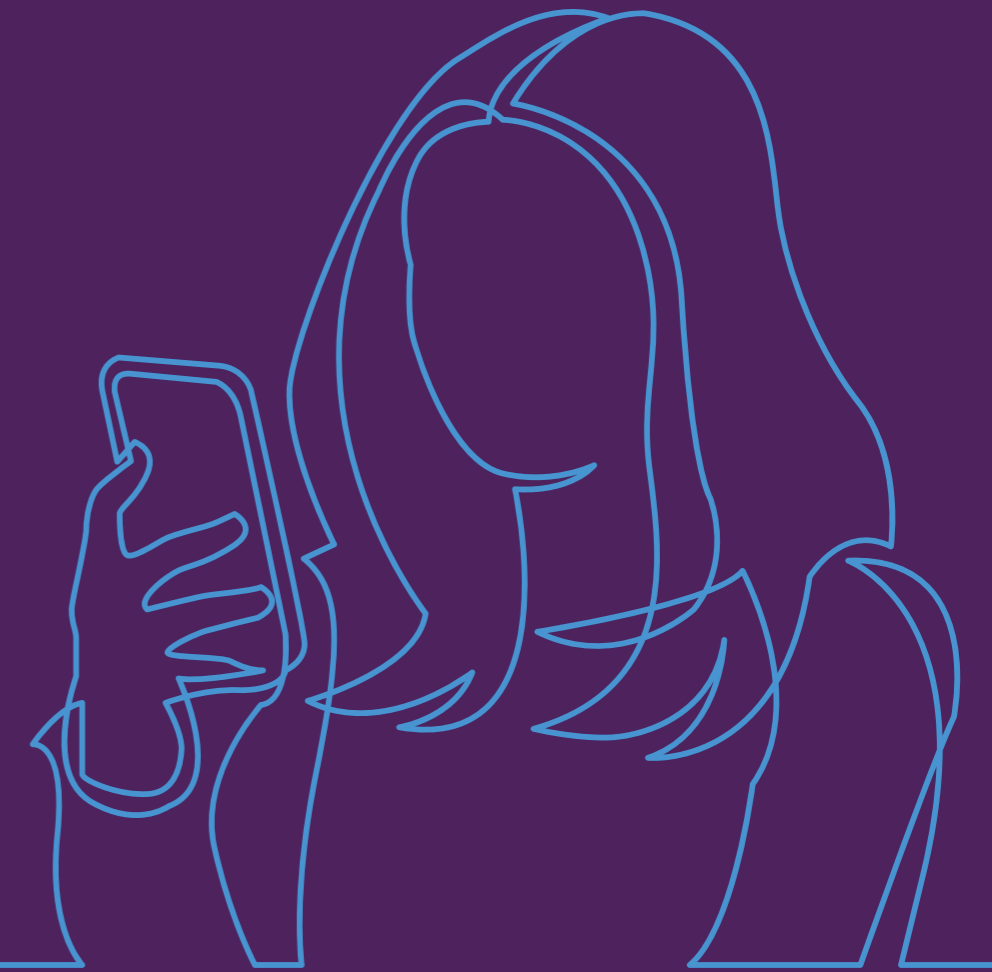
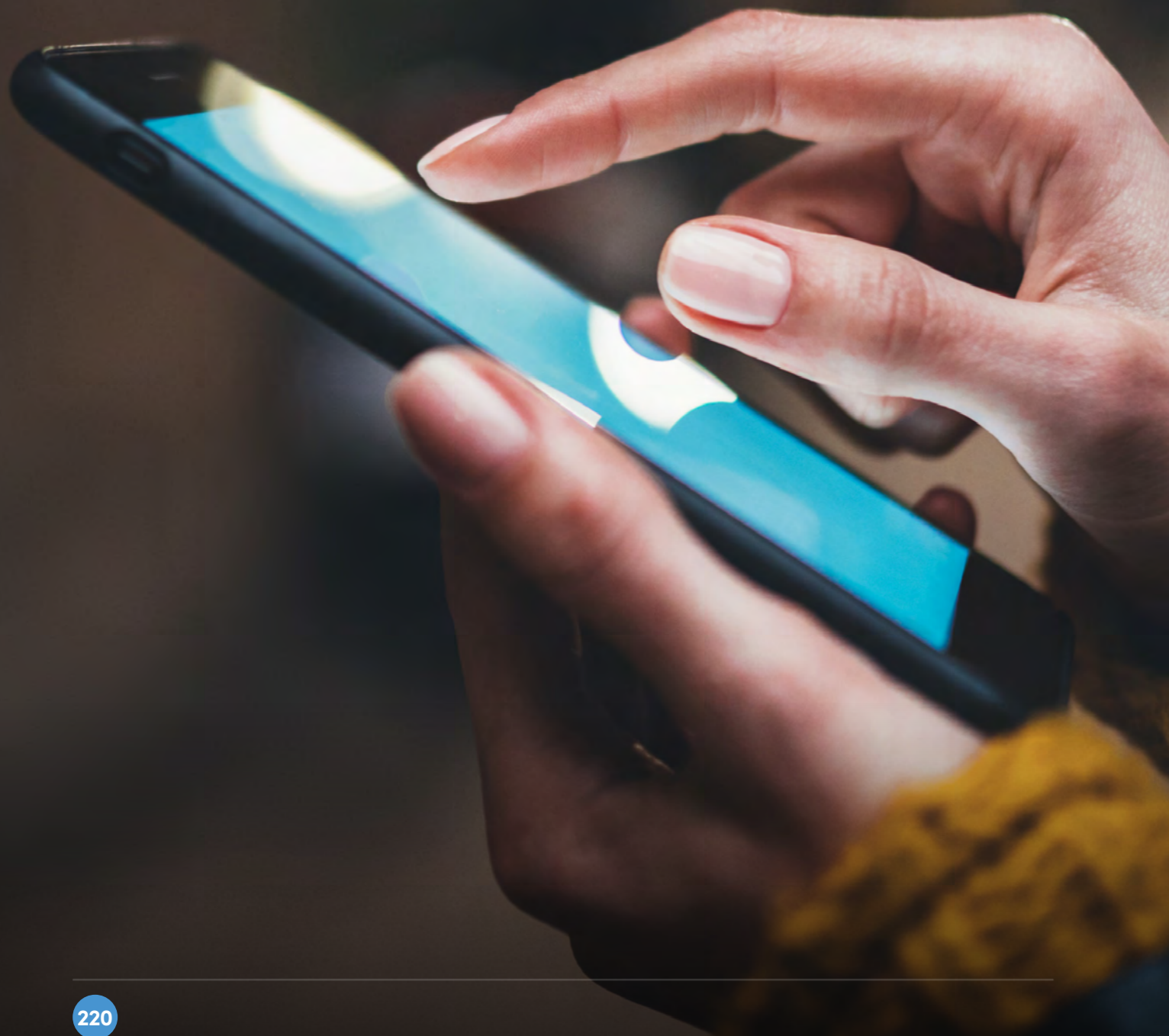
**27%** of service users stated: **‘Satisfied’**

**3%** of service users stated: **‘Neither satisfied or dissatisfied’**

**18%** of service users stated: **‘Dissatisfied’**

**12%** of service users stated: **‘Very dissatisfied’**





## Appendix A

### Service User Survey Free Text Responses

## Service User Survey Free Text Responses

The service user survey provided a free text area for 'Additional comments about the most recent visit to the Community Mental Health Team office'. Many of these comments are related to the service users perceptions of care received and are not always related to the environment of care, but have been included for completeness. These comments have been replicated verbatim without grammatical corrections and have not been confirmed as accurate. Some responses continued identifiable information which has been redacted. There were in total 17 relevant responses summarised below:

- Sometimes **waiting is long**. Could do with something of interest to look at e.g. leaflets or posters, video.
- All the staff at [redacted] CMHT go **over and above** to meet my needs and are very welcoming.
- I wanted to have a new medication following an in hospital stay and seeing the mental health team but the man I saw in primary care told me to put a complaint in because he couldn't prescribe nor refer me to consultant – **I left in tears without the support I needed** he also told me to contact my MP – totally unhelpful.
- Been coming here for **4 years without issues**.
- Apart from the inevitable waiting times for appointment and limited availability of NHS talking therapies due to chronic government underinvestment in vital health and care services, **my experience of Adult Mental Health has always been positive**. The staff are expert, professional and caring. Thank you for your hard work!
- The appointment with the main person we were there to see, was good. He was attentive and helpful. **The reception staff are not so helpful or polite**. (When you phone, staff answering the phone are frequently rude and dismissive). We were kept waiting outside for quite a while, and when we were finally allowed in, the person who opened the door was not welcoming at all. The person we saw informed us that it was not possible to allocate an ongoing support worker due to current staff shortages and that when necessary we could call and speak to the duty officer. We were offered to see an OT but I very much felt as though we were not being offered the care that my 'client' needs. I am very concerned for his safety and well-being and I didn't feel that was being addressed.
- I use to be a patient under the [redacted] CMHT and am now training as peer mentor under the service. Overall **the service I received was outstanding**, the outdoor activities and groups help me with my self confidence and recovery. I believe that they are a flagship for other service to follow they example in the way of outstanding service they provide.
- I had a very good experience and my Mental Health Nurse was amazing, we met at [redacted] and she went out of her way to support me. **I felt listened to and safe**. I will need to re-engage with the hospital to review my medicine as my GP can not do it. That is the only negative.

- **Really pleased** with the service.
- **All good**.
- The doctor spoke to me in a large room, which I couldn't see all of, and **it didn't feel safe**. When I asked if it were possible to be prescribed [redacted], I was accused of drug seeking. My GP has now prescribed these for me and I am much improved. After speaking to me, the doctor went off to speak to the consultant, and put me back in the waiting room. He then came and spoke to me about my medication in front of people I didn't know. I felt the questions that were asked of me were very fixed, and I was not given opportunity to explain further how I felt.
- Dr [redacted] knows exactly what she's talking about, delivered her advice very well and I trust her. She didn't judge me like other staff have. **She treated me with respect**, no other staff ever have.
- There didn't seem to be anyone about. The signage was outdated. The psychiatrist treated me like I was being untruthful about my symptoms, struggles etc. I've had problems for years with being treated like a 'hysterical woman' even when it turned out that for 5 years they'd been misdiagnosing and prescribing wrong medication. Some of the staff were nice but overall **I didn't have a good experience**, always leaving with more questions than answers. I recently tried to ring to see if I could talk to someone about my medication but it's a month since I rang and I couldn't get through for days of trying so I gave up.
- There is often **not enough rooms in the CMHT** and a lot of visits take place in the community. I have visits at home, as I don't drive. I only visit the CMHT if I am seeing the psychiatrist who is very curt and abrupt. Last visit to home lasted 10mins I left feeling very uncomfortable and confused, I wish I had someone with me to support me. Visits at home are difficult as I can't guarantee our conversation is private. So I often speak quietly to avoid being overheard. I feel like the service is trying to push me out. Reminding me of discharge. I don't feel ready one bit.
- I find **CMHT attitudes limited**, outdated, formulaic, offensive, abusive, negligent.
- The letters don't clearly indicate 1) what the role of the clinician the appointment is with is (i.e. Psychiatrist or Psychologist) which is important when the [redacted] CMHT currently has a constant rotation of Locums making just a name useless and 2) they don't state if the building is going to be [redacted] itself or the new one over by [redacted]. **There's terrible parking at both regardless and I ended up blocking someone in** as 3) The waiting room isn't a waiting room, it's a handful of chairs in a corridor. The Reception staff have barely any access to records or appointments and so can't answer basic questions.
- The main concern was that **the staff always look so stressed and overworked** but I'm not sure if they are using their time effectively and by the time it gets to you they are distracted and if I'm honest, not compassionate enough. Remarks from others in [redacted] CMHT are that the care has gone out of care. It is just a job they are coasting through and there is a feeling of lack of trust when faced with this kind of service.



## Appendix B

Summary of Good/Effective/  
Present Position Achievement

## Summary of Good/Effective/ Present Position Achievement

### Percentile of CMHT Offices Achieving Good/Effective/ Present Position

#### More than three quarters of CMHT offices achieved the following

- **100%** of CMHT offices had the majority of clinical staff trained in cardiopulmonary resuscitation
- **100%** of CMHT offices had access to interpretation services
- **98%** of CMHT offices had fee free parking for service users
- **98%** of CMHT offices had sufficient reception seating
- **98%** of CMHT offices had a microwave and/or toaster that staff could access
- **98%** of CMHT offices held records of, or staff recalled, fire alarms being tested regularly
- **98%** of CMHT offices had a process in place to monitor the weight of high-risk service users on a regular basis
- **96%** of CMHT offices had fee free parking for staff
- **96%** of CMHT offices had interview rooms
- **96%** of CMHT offices had hand sanitiser dispensers available
- **96%** of CMHT offices had the facility to weight service users
- **91%** of CMHT offices had reception staff
- **91%** of CMHT offices had staff that, according to records or staff recollection, received regular management supervision
- **89%** of CMHT offices were less than 5 minutes walk from a bus stop
- **89%** of CMHT office entrance area was well-kempt
- **89%** of CMHT office external areas were tidy
- **89%** of CMHT offices had reception seating in a good poor state of repair

- **87%** of CMHT office entrance area were well-lit
- **87%** of CMHT offices had staff that, according to records or staff recollection, received regular clinical supervision
- **87%** of CMHT offices had hand-washing facilities available in all clinical areas
- **84%** of CMHT offices provided disabled access
- **84%** of CMHT offices provided staff with a working food fridge of adequate size
- **82%** of CMHT offices had a dedicated information board for service users with easy to read and current information presented
- **82%** of CMHT offices did have the facilities available for staff to take blood samples
- **80%** of CMHT office entrance doors were in a good state of repair
- **80%** of CMHT offices provided disabled parking for service users
- **78%** of CMHT offices clear internal navigation signage
- **78%** of CMHT offices provided dedicated disabled parking for staff
- **78%** of CMHT offices provided disabled toilets and they were in a good state of repair
- **78%** of CMHT offices had room alarms and/or provided staff with personal alarms
- **78%** of CMHT offices had a physical health examination room
- **76%** of CMHT office ceilings were in a good state of repair
- **76%** of CMHTs had health and social care staff based in the same CMHT office.

### Between half and three quarters of CMHT offices achieved the following

- **73%** of CMHT offices had external guttering that was in a good state of repair
- **73%** of CMHT offices were clean and in good state of repair
- **73%** of CMHT offices was well-lit with plenty of natural light
- **73%** of CMHT offices had clear entrance signage
- **73%** of CMHT offices had a sufficient number of well-maintained desks for the staff deployed
- **73%** of CMHT offices used digital care notes
- **71%** of CMHT offices had external doors/windows framing that was in a good state of repair
- **69%** of CMHT offices had reported/observed no damp
- **69%** of CMHT offices provided staff with food storage cupboards of an adequate capacity
- **67%** of CMHT offices did not have a bad odour
- **67%** of CMHT offices had interview rooms in a good state of repair
- **67%** of CMHT offices had the facility to dispense limited medications
- **64%** of CMHT offices had a reception area in a good state of repair
- **60%** of CMHT office staff workspaces were in a good state
- **60%** of CMHT offices provided staff access to a kettle
- **58%** of CMHT offices provided staff with access to 'safe' cold drinking water from a tap
- **58%** of CMHT offices actively navigated service users to alcohol use resources
- **58%** of CMHT offices actively signposted service users to substance use resources
- **56%** of CMHT offices were located in/near a town centre
- **56%** of CMHT offices had a Wi-Fi connection of good quality
- **53%** of CMHT office doors were not 'open' but had an controlled entry system
- **53%** of CMHT offices actively navigated service users to local smoking cessation resources
- **51%** of CMHT offices had staff toilets in a good state of repair

- **51%** of CMHT offices had staff who never worked alone and, in many services, this was prohibited.

### Between a third and half of CMHT offices achieved the following

- **49%** of CMHT office walls were in a good state of repair
- **49%** of CMHT offices working space was spacious
- **47%** of CMHT offices had service user toilets available in a good state of repair
- **44%** of CMHT offices reported that they did receive a prompt response to requests for maintenance, repair or redecoration from the responsible departments
- **44%** of CMHT offices provided adequate dedicated staff parking
- **44%** of CMHT offices had medical emergency response equipment available
- **42%** of CMHT offices provided adequate dedicated parking for service users
- **42%** of CMHT offices held records of, or staff recalled, regular fire evacuation drills being practiced
- **42%** of CMHT offices had information available and actively signposted service users to local weight management resources
- **42%** of CMHT offices had health and social care staff using an integrated digital system
- **40%** of CMHT office flooring was in a good state of repair
- **40%** of CMHT office doors were 'open' during office hours
- **40%** of CMHT offices provided staff access to 'safe' cold drinking water from a cold water cooler/dispenser
- **40%** of CMHT offices provided staff access to a hot water dispenser
- **38%** of CMHT offices had an exclusive entrance for service users
- **38%** of CMHT offices periodically undertook joint health and social care staff training
- **36%** of CMHT offices parking areas were well-lit
- **33%** of CMHT offices had shared staff/service user toilets and they were in a good state of repair.

### Less than a third of CMHT offices achieved the following

- **31%** of CMHT offices did have a Clozapine blood analysis machine available
- **31%** of CMHT offices had formed links with local leisure centres and where able to offer free, or trial, classes/sessions
- **29%** of CMHT offices had a designated well-maintained staff rest area with comfortable seating
- **29%** of CMHT offices had staff trained in alcohol abuse and/or substance use services staff attended the CMHT office
- **29%** of CMHT offices had staff trained in substance use and/or Substance Use Services staff attended the CMHT office
- **27%** of CMHT offices clearly signposted service users to the Health Board feedback process or had local feedback mechanism in place
- **27%** of CMHT offices had audio induction loops installed
- **24%** of CMHT offices had been purposely built for a CMHT
- **24%** of CMHT offices had the facility to dispense medications
- **24%** of CMHT offices had the provision to undertake onsite and remote ECGs
- **22%** of CMHT offices parking areas were secure
- **22%** of CMHT offices had a well-kept garden
- **22%** of CMHT offices had health and social care staff using integrated paper documentation
- **20%** of CMHT offices held records of, or staff recalled, away days occurring regularly, normally once or twice a year
- **18%** of CMHT offices had a process in place to monitor the smoking status of service users on a regular basis
- **18%** of CMHT offices had a process in place to monitor the substance use of service users on a regular basis
- **16%** of CMHT offices had a process in place to monitor the alcohol use of service users on a regular basis
- **13%** of CMHT offices had a cycle bay available for staff, which was secure and covered

- **13%** of CMHT offices had staff shower facilities in a good state of repair
- **13%** of CMHT offices had a process in place to monitor the weight of all service users on a regular basis
- **11%** of CMHT offices provided staff with personal storage lockers
- **9%** of CMHT offices had more than one exit in their interview rooms
- **9%** of CMHT offices were regularly attended by a housing worker and had designated and robust links to specific local housing support services
- **9%** of CMHT offices were regularly attended by a benefits advisor and had designated and robust links to specific local benefit advice services
- **9%** of CMHT offices were regularly attended by third sector representatives and had designated and robust links to the third sector
- **7%** of CMHT offices had staff trained in smoking cessation and/or specialist smoking cessation staff attended the CMHT office on request
- **7%** of CMHT offices had health and social care staff with a shared manager
- **4%** of CMHT offices were regularly attended by volunteering facilitators and had designated and robust links to local volunteering groups
- **2%** of CMHT offices had a secure and covered cycle bay available for service users
- **2%** of CMHT offices had a regular maintenance schedule in place
- **2%** of CMHT offices did have an electric vehicle charging point available to service users
- **2%** of CMHT offices did have an electric vehicle charging point available to service users
- **2%** of CMHT offices had BSL proficient staff and/or access to VSL technology
- **2%** of CMHT offices were regularly attended by an employment advisor and had designated and robust links to specific local employment support services
- **2%** of CMHT offices were regularly attended by a further education advisor and had designated and robust links to local further education establishments
- **0%** of CMHT offices did have free organised transportation available to service users
- **0%** of CMHT office staff had control over temperature and air conditioning
- **0%** of CMHT offices had all staff able to converse proficiently in Welsh.



# Appendix C

## Full Site Review Specification

# Full 109-Point Site Review Specification

## Build & Maintenance

1. **Purpose Built/Repurposed (Desirable):** Office reused for CMHT without substantial redesign/Office refurbished and redesigned for CMHT/Office purpose built for CMHT
2. **Maintenance Schedule (Desirable):** CMHT office maintenance never undertaken/CMHT office maintenance undertaken on request only/CMHT office has regular maintenance schedule in place
3. **Prompt Maintenance (Essential):** CMHT offices reported that there was not a prompt response to maintenance requests/CMHT offices reported that there was a prompt response to maintenance requests.

## Enabling Access

4. **CMHT Location (Desirable):** CMHT office on hospital site/CMHT office some distance from town centre/CMHT office in/near town centre
5. **Free Transport to CMHT Available (Desirable):** No free transportation provided to service users/Cost Free transportation provided to service users
6. **Public Transport (Essential):** CMHT office not on bus route/Bus stop more than 5 minutes away from CMHT office/Bus stop more less than 5 minutes away from bus stop
7. **Service User Parking Availability (Essential):** No service user parking available/Inadequate service user parking available/Adequate service user parking available
8. **Staff Parking Availability (Essential):** No staff parking available/Inadequate staff parking available/Adequate staff parking available
9. **Parking Fees for Service Users (Essential):** Paid parking for service users/No parking fees for service users
10. **Parking Fees for Staff (Essential):** Paid parking for staff/No parking fees for staff
11. **Parking Area – Lighting (Essential):** Unlit parking area/Poorly lit parking area /Well-lit parking area
12. **Parking Area – Security (Desirable):** Unsecure parking area/Inadequate parking area security/Secure parking area
13. **Service User Cycle Bay (Desirable):** Cycle bay for service users not available/Cycle bay for service users available/Designated and secure/covered cycle bay for service users
14. **Staff Cycle Bay (Desirable):** Cycle bay for staff not available/Cycle bay for staff available/Cycle bay for staff is available and secure/covered

15. **Electric Vehicle Charging Point for Service Users (Desirable):** EV charging point for services users not available/EV charging point for services users available
16. **Electric Vehicle Charging Point for Staff (Desirable):** EV charging point for staff not available/EV charging point for staff available.

## External Areas

17. **Entrance Door (Essential):** Entrance door in poor state of repair/Entrance door in good state of repair
18. **Entrance Door Area Cleanliness (Essential):** Entrance area unkempt/Entrance area well-kempt
19. **Entrance Area Lighting (Essential):** No entrance lighting/Poorly lit entrance/Well-lit entrance
20. **Cleanliness of External Area (Desirable):** External areas untidy/External areas tidy
21. **External Door/Window Framing (Essential):** External door/window framing rotten/broken/External door/window framing damaged/flaking/External door/window framing in good state of repair
22. **External Guttering (Essential):** External guttering broken/External guttering damaged/External guttering appears in good state of repair
23. **External Walls (Essential):** External walls had holes/flaking/External walls were dirty/External walls were clean and in good state of repair
24. **Garden (Desirable):** No garden area/ Small-overgrown garden area/Adequately sized-well-kept garden area.

## Internal Areas

25. **Internal Damp (Essential):** Reports of regular flooding/Damp reported-observed/No damp reported/observed
26. **Internal Odour (Essential):** Bad odour present/ Bad odour occasionally reported/No bad odour
27. **Internal Lighting (Essential):** Poorly lit/Well-lit through artificial light/Well lit through natural light
28. **Internal Floors (Essential):** Flooring in very poor state/Flooring adequate but scuffed-dirty/Flooring in good state of repair
29. **Internal Walls (Essential):** Internal walls in very poor state/Internal walls scuffed-dirty/Internal walls in good state of repair
30. **Ceiling (Essential):** Ceiling in very poor state/Ceilings adequate but stained/Ceilings in good state of repair.

## Experience, Privacy & Dignity

31. **Wi-Fi (Desirable):** No Wi-Fi/Poor Quality Wi-Fi/Good Quality Wi-Fi
32. **Temperature Control (Desirable):** Staff have no control over temperature and no air conditioning/ Staff can control temperature but no air conditioning/Staff can control temperature and have air conditioning
33. **Dedicated Entrance (Desirable):** Entrance shared with other services/Exclusive entrance not shared with other services
34. **Entrance Signage (Essential):** No entrance signage/Unclear entrance signage/Clear entrance signage
35. **Managed Reception (Essential):** No reception staff or call system/Reception staff for some periods-Staff call system/Dedicated reception staff
36. **Sufficient Reception Seating (Essential):** No seating/Insufficient seating/Sufficient seating
37. **Reception Seating State of Repair (Essential):** Reception seating in very poor state of repair/ Reception seating in poor state of repair/Reception seating in good state of repair
38. **Reception Decoration (Desirable):** Reception area in poor state of repair/Reception area in adequate state of repair/Reception area in good state of repair
39. **Service User Information Board (Desirable):** No information board/Information board in poor state/Information board in good state
40. **Service User Feedback (Essential):** Unclear-no signposting to Health Board feedback process and had no local feedback mechanism in place/Clear signposting to Health Board feedback process or had local feedback mechanism in place
41. **Clear Navigation Signage (Essential):** No navigation signage/Unclear navigation signage/ Clear navigation signage
42. **Interview Rooms Availability (Essential):** Interview not rooms available/Interview rooms available
43. **Interview Rooms Decoration (Desirable):** No interview room/Interview room in poor state of repair/Interview room in adequate state of repair/Interview room in good state of repair
44. **Shared Staff/Service User Toilets (Desirable):** Shared toilets not available/Shared toilets but in poor state of repair/Shared toilets and in good state of repair
45. **Designated Service User Toilets (Essential):** Shared toilets/Shared or Service user toilets not available/Toilets available but in poor state of repair/Toilets available and in good state

of repair.

## Equity

46. **Disabled Service User Parking Availability (Essential):** No designated disabled service user parking spaces available/Designated disabled service user parking spaces available
47. **Disabled Staff Parking Availability (Essential):** No designated disabled staff parking spaces available/Designated disabled staff parking spaces available
48. **Disabled Access to CMHT Office (Essential):** No disabled access/Limited access or not via main entrance/Disabled access
49. **Disabled Toilets (Essential):** Disabled toilets not available/Disabled toilets available but in poor state of repair/Disabled toilets available and in good state of repair
50. **System to Support Patients with Hearing Impairment (hearing loop) (Essential):** No audio induction loops installed/Audio induction loops installed
51. **System to Support Patients with Visual Impairment (Virtual BSL/trained staff) (Essential):** No BSL trained staff and/or VSL technology available/BSL trained staff and/or VSL technology available
52. **Interpretation Service Availability (Essential):** No access to interpretation services/Access to interpretation services
53. **Availability of Spoken Welsh Language (Essential):** No staff able to converse proficiently in Welsh/Some staff able to converse proficiently in Welsh/All staff able to converse proficiently in Welsh.

## Supporting and Protecting Staff

54. **Entrance Alarm (Essential):** Not open door and controlled entry system not present-working/Not open door but controlled entry system present and working/ Open door during office hours
55. **Workspace Capaciousness (Essential):** Overcrowded workspace/Inadequate workspace/ Spacious workspace
56. **Office Decoration (Desirable):** Workspace in poor state/Workspace in an inadequate state/ Workspace in good state
57. **Staff Desks (Essential):** Insufficient number of desks/Sufficient number of desks but some-all in poor state/Sufficient number of desks and all in good state
58. **Room Or Personal Alarms (Essential):** No room or personnel alarms/Room and-or personal alarms present
59. **Interview Room Secure Layout (Essential):** Interview not rooms available/Interview rooms

had single exit/Interview rooms had multiple exits

- 60. Designated Staff Toilets (Essential):** Shared toilets/Staff toilets not available/Staff toilets available in poor state of repair/Staff toilets available in good state of repair
- 61. Staff Shower Area (Desirable):** Shower not available/Shower available but in poor state of repair/ Shower available and in good state of repair
- 62. Staff Designated Rest Area-Decoration (Desirable):** No staff area available/Staff area available in poor state/Well-decorated staff area available
- 63. Staff kitchen-Drinks (Cold) (Essential):** No safe drinking water available/Safe drinking water available from a tap/Safe drinking water available from a dispenser
- 64. Staff kitchen-Drinks (Hot) (Desirable):** No kettle-hot water dispenser available/Kettle available/Hot water dispenser available
- 65. Staff Kitchen-Food Storage (Desirable):** No food storage/Food storage inadequate capacity/Food storage adequate capacity
- 66. Staff Kitchen-Food Fridge (Desirable):** No staff fridge available/Staff fridge available but inadequate size-not working/Staff fridge available adequate size and working
- 67. Staff Microwave (Desirable):** No staff access to microwave or toaster/Staff access to microwave and-or toaster
- 68. Lockers/Storage-Number (Desirable):** Staff personal storage lockers not provided/Staff personal storage lockers provided
- 69. Fire Evacuation Drills (Desirable):** Never practiced fire evacuation/Last fire evacuation practice was over 2 years ago/Regularly practice fire evacuation
- 70. Fire Alarm Tests (Essential):** Never test fire alarm/Irregular testing of fire alarm/Regular testing of fire alarm
- 71. Lone Working in Office (Essential):** Lone working in office regularly occurs/Lone working in office occasionally occurs/Lone working in office never occurs
- 72. Away Days (Desirable):** Away days never occur/Away day not occurred in last 2 years/Away days regularly occur
- 73. Management Supervision (Essential):** No management supervision/Management supervision is irregular/Management supervision is regular.

## Clinical Care

- 74. Digital Care Notes (Desirable):** Digital care notes not used/Digital care notes used
- 75. Clinical Supervision (Essential):** No clinical supervision takes place/Clinical supervision

is irregular/Clinical supervision is regular

- 76. Hand Sanitiser Dispensers (Essential):** Hand sanitiser dispensers not available/Hand sanitiser dispensers available
- 77. Hand-Washing Facilities (Essential):** No clinical areas/No hand-washing facilities available in clinical areas/Hand-washing facilities available in clinical areas
- 78. Facility to Take Blood Samples (Desirable):** No facility to take blood samples/Facility to take blood samples
- 79. Facility to Dispense Medication (Desirable):** No facility to dispense medications/Facility to dispense limited medications only/Facility to dispense medications
- 80. Physical Health Examination Facilities (Desirable):** Physical health examination facility not available/Shared physical health examination facility available/Physical health examination facility available
- 81. CPR Training (Essential):** No clinical staff trained in CPR/Majority of clinical staff trained in CPR
- 82. Medical Emergency Response Equipment (Desirable):** Medical emergency response equipment not available/Medical emergency response equipment available
- 83. Onsite or Remote Electrocardiograms (Desirable):** Onsite or remote ECG not available/ Onsite ECG available/Onsite and remote ECG available
- 84. Clozapine Blood Analysis (Desirable):** Clozapine blood analysis machine not available/ Clozapine blood analysis machine available
- 85. Weighting Machine (Essential):** Weighing facility not available/Weighing facility available
- 86. Weight Assessment & Support (All Service Users) (Desirable):** Weight not recorded (all service users)/Weight recorded at initial assessment (all service users)/Weight recorded regularly (all service users)
- 87. Weight Assessment & Support (High Risk Service Users) (Essential):** Weight not recorded (high risk service users)/Weight recorded at initial assessment (high risk service users)/Weight recorded regularly (high risk service users)
- 88. Weight Management Support (Essential):** Weight management resources not available/ Information available on local weight management resources/Active signposting to local weight management resources
- 89. Smoking Status Assessment (Essential):** Smoking status not recorded/Smoking status recorded during initial assessment/Smoking status monitored regularly
- 90. Smoking Cessation Training (Essential):** No staff trained in smoking cessation-No referral pathway to smoking cessation services/Referral pathway into smoking cessation services in

place/Staff trained in smoking cessation and/or smoking cessation staff attended CMHT

91. **Smoking Cessation Support (Essential):** Smoking cessation resources not available/Information available on smoking cessation resources/Active navigation to local smoking cessation resources
92. **Alcohol Use Assessment (Essential):** Alcohol use not recorded/Alcohol use recorded during initial assessment/Alcohol use monitored regularly
93. **Alcohol Abuse training (Essential):** No staff trained in alcohol abuse–No referral pathway to substance use services in place/Referral pathway in place to substance use services/Staff trained in alcohol abuse and/or substance use services staff attend CMHT
94. **Alcohol Abuse support (Essential):** Alcohol use information resources not available/Alcohol use information resources available/Active navigation to alcohol use resources
95. **Substance Use Assessment (Essential):** Substance use not recorded/Substance use recorded during initial assessment/Substance use monitored regularly
96. **Substance Use training (Essential):** No staff trained in substance abuse–No referral pathway to Substance Use Services/Referral pathway in place to Substance Use Services/Staff trained in substance use and–or Substance Use Services staff attend CMHT
97. **Substance Use Support (Essential):** Substance use information resources not available/Substance use information resources available/Active navigation to substance use resources.

## Health and Social Care Integration

98. **Shared office (Desirable):** No social care staff in CMHT/Health–social care CMHT staff based in separate office buildings/Health/social care staff based in same CMHT office
99. **Shared Management (Desirable):** No social care staff in CMHT/Health–social care staff have different managers/Health–social care staff have the same manager
100. **Integrated Care Notes–Paper (Desirable):** Digital notes/No social care staff in CMHT/Health–social care use separate paper documentation/Health–social care use integrated paper documentation
101. **Integrated Care Notes–Digital (Desirable):** Paper notes/No social care staff in CMHT/Health–social care staff use separate digital system/Health–social care staff use integrated digital system
102. **Integrated–Training (Desirable):** No social care staff in CMHT/Health–social care staff have

no joint training/Health–social care staff have joint training.

## Community Links

103. **Gym/Leisure Centre Connection Available (Desirable):** No links to local leisure centres/Staff navigate to leisure centres/Staff can organise free trials–classes at leisure centres
104. **Housing Support (Desirable):** Housing worker does not attend CMHT and only general links to housing support services/Housing worker does not attend CMHT but specific links to housing support services are in place/Specific links to housing support services and housing worker attends CMHT offices
105. **Benefits/Debt Advice (Desirable):** Benefits advisor does not attend CMHT and only general links to benefits advice services/Benefits advisor does not attend CMHT but specific links to benefits advice services are in place/Specific links to benefits advice service and benefits advisor attends CMHT offices
106. **Employment Support (Desirable):** Employment advisor does not attend CMHT and only general links to employment support services/Employment advisor does not attend CMHT but specific links to employment support services are in place/Specific links to employment support services and employment advisor attends CMHT offices
107. **Further Education Links (Desirable):** Further education advisor does not attend CMHT and only general links to further education establishments/Further education advisor does not attend CMHT but specific links to further education establishments are in place/Specific links to further education establishments and further education advisor attends CMHT offices
108. **Third Sector Groups (Desirable):** Third sector representatives do not attend CMHT and only general links to third sector/Third sector representatives do not attend CMHT but specific links to third sector are in place/Specific links to third sector and third sector representatives attends CMHT offices
109. **Volunteering (Desirable):** Volunteering facilitator does not attend CMHT and only general links to volunteering groups/Volunteering facilitator does not attend CMHT but specific links to volunteering groups are in place/Specific links to volunteering groups and volunteering facilitator attends CMHT offices.



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