

CQC Mental Health RPIR NHS & Combined Trusts

Information & Metric Additional Guidance for Providers

This document provides guidance to the 'Routine Provider Information Return (RPIR) Additional Questions' for Mental Health providers, and the supporting rationale for each metric*

*metric in this instance may refer to a request for information or a free text question as well as traditional measures

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Routine Provider Information Return – Additional Questions

Introduction

This document provides a brief overview of the rationale for the information requested in your Routine Provider Information Request (RPIR), details which Key Line of Enquiry requests align to where relevant and provides detail on the type of information required for each individual request. Further to this document detailed guidance is also included in the RPIR workbook itself.

The RPIR is sent to an organisation approximately annually and provides a provider's view of their own quality, some quantitative and qualitative data and some contextual information around services provided or national data.

The RPIR It is formatted into four separate documents; firstly, a universal RPIR that all NHS providers will receive and are required to complete and then three separate documents with additional requests relevant to either acute, community health or mental health providers. As routine all providers will receive the universal RPIR and then additional components of the RPIR depending on which services which they provide (i.e. an organisation exclusively providing mental health services will receive the universal RPIR and the RPIR relevant to mental health only). Combined providers will receive a mix of these that matches their make-up.

The RPIR is formatted as Excel workbooks that contains a mixture of quantitative and qualitative questions that we would like you to answer, as well as a list of documents that we require you to submit. The workbooks allow CQC to gain a deeper understanding of the provider performance and the core services that it provides.

Please note: We recognise not every organisation is structured the same way and so we have tried to adapt the RPIR to be flexible enough to allow for this. However, in instances where you are worried your structures make it difficult to complete the RPIR please contact your named CQC contact as soon as possible to discuss. We have also included an appendix sheet which lists the mapping CQC methodology uses to determine which speciality sits under which core service. You may find it useful to use this to help you extract data.

Navigation

Guidance document – in the contents page the Press Ctrl on your keyboard and click on a heading to navigate to that section in this document.

RPIR workbooks - The workbook has a contents page which hyperlinks to all sheets. All sheets have a back button which hyperlink back to the contents page.

Data sharing agreement

We will share the data from the RPIR with NHS Improvement (NHSI) as part of our priority to promote a single, shared view of quality. We are also negotiating access to their data which will enable us to drop some questions from this document to avoid duplication of submission.

If there is anything you would not be happy for us to share with NHSI please do let us know.

Key Points

When completing your RPIR:

- Time periods are included for all requests however please note the following:
 - Where we refer to the last 12 months we mean from the time you are filling in the workbook.
 - Where we mean financial year or year to date (YTD) this is specified.
 - When we ask for data monthly we would like month one (M1) to be 12 months ago and month 12 (M12) to be the most recent data.
 - Please use the last complete month of data for the most recent month, please don't use the current month if you do not have a complete month of data yet.
- Cells for provider completion are highlighted in yellow.
- If something is not relevant to you, or you do not provide the service, please let us know this in the 'Question List' or 'Document Log' tab. Context can be provided in the 'Notes' column.
- In the tables please do not enter 0 if it is not relevant or provided, please leave blank, for example if a ward/team was closed for a period leave the cells blank. If you do provide the service but the answer is a true zero, then please input a 0.
- Where we are asking for data by team / ward, please provide this for every team/ward unless the sheet advises otherwise. [i.e. for sickness fill in every single team / ward, even if it means adding 0 in].
- Please try and limit narrative answers to 250 words, or the limit designated. We recognise the word limit is tight and welcome brief, high-level responses, or even bullet points. As these answers are a starting point for potential discussion or context around data we already hold so do not need to be exhaustive.
- Where we ask you to provide documents you may not always be able to do this. We recognise you may not participate in all audits, collect the information we have asked for or in some instances a document may be impractical to send. In the box called 'Provided to CQC' please indicate whether you have provided documents or not and we will follow up as required.
- In sections where we ask for information by staff groups we use the standard ESR grouping specified by NHS Digital which can be found here: <https://digital.nhs.uk/data-and-information/areas-of-interest/workforce/national-workforce-data-set-nwd-guidance-documents>.
- Please ensure, to the best of your ability, that all Core Service mapping is mapped against the signed off "sites tab".
- We have included a provider validation sheet so you can check the overall calculations used by CQC at provider-wide level. Any discrepancies need to be resolved in the raw data. This sheet is for the provider's use only as a self-validation check. If you have any queries on the formulas used or issues with the sheet, please contact your named CQC contact.
- We have protected the formatting and sheets in the document. Whilst you can work off multiple versions of the workbook so that individual tabs can be completed by the relevant staff member, please ensure the workbook is compiled back into its complete form before submitting. Please note, any individual locked cells in provider documents should be avoided as this will prohibit the data from being changed once pasted into the template. Any feedback on the format or issues inputting data due to validation please contact your named CQC contact or RPIRqueries@cqc.org.uk.

When submitting documents:

- For all documents submitted please ensure that the appropriate RPIR ID indicated for each return is included as part of the file name (e.g. P1 etc.) and is the first word in the document title. We request you use the following naming convention for files RPIR ID /trust ODS code/ Document name (e.g., P69 RZZ Infection Control Report 2017).
- When returning documents please do not embed documents. We often have issues downloading these from our document storage system.
- If documents are password protected or coded please remember to tell us.
- Documents may be submitted in any commonly recognised office format (e.g. Word, Excel, PDF) but we ask that quantitative data is not submitted as a PDF so that we are able to analyse it.
- Please refer to the accompanying letter for instructions on how to submit your completed PIR workbook and any related documents via our online portal.

Mental Health (MH) Provider Information Requests

Description of all MH services

RPIR ID	MH1. Context MH
Question	Please provide a brief description of each core service as it is reflected in your organisation.
Definitions	An opportunity for trusts to give their own description of how the core services are reflected in their organisation. Please see appendix A for core service definitions
Points to note	<ul style="list-style-type: none"> You can draw our attention to any unusual commissioning arrangements or organisational structures here. There is also the chance to highlight any additional services you provide that we may wish to consider inspecting. Detailed guidance about what we might consider can be found on our website http://www.cqc.org.uk/guidance-providers/nhs-trusts/when-we-will-inspect-nhs-trusts Where possible please try to adhere to the 250 word-limit. If you do not provide a particular core service, please leave blank Please ensure you have provided a context for each MH core service you have mapped on the P2 sites tab.
Time Period	Current

Restrictive interventions

RPIR ID	MH2. Restrictive
KLOE Heading	Are there reliable systems, processes and practices to keep people safe and safeguarded from abuse?
For KLOE Prompt(s)	S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?
Question	<p>In this section you are asked to report on number of incidences of the following, split by month for the last 12 months (Year 1) and then an additional figure for the previous 12 months (Year 2):</p> <ul style="list-style-type: none"> Restraint - Number of incidents, number of service user's restraint was used on, number of incidences of prone and mechanical restraint, and number of incidences of rapid tranquilisation Number of incidences of use of seclusion Number of incidences of long-term segregation Number of incidences of blanket restrictions

	imposed
Definitions	<ul style="list-style-type: none"> • CQC Brief Guide: Restraint • CQC Brief Guide: Rapid tranquilisation (parenteral route) • CQC Brief Guide: Seclusion rooms • CQC Brief Guide: Long-term segregation • CQC Brief Guide: Blanket restrictions • Please see appendix A for core service definitions, map teams/wards to the same core services agreed in the sites tab
Points to note	<ul style="list-style-type: none"> • Please include all services both inpatient and community. • For months where no restrictive intervention used put 0, only leave blank if the ward/team was closed or didn't exist. • The total restraints across 12 months (columns F:Q) should equal the value in column R. • Number of individual uses of restraint e.g. prone (column AT), mechanical (column BH), rapid tranquilisation (column BV) should not total more than the overall number of restraints (column R) (This would also be expected in "previous 12 months columns"). • Column AF should not be a total of columns T:AE but an overall total number of unique service user's restraint was used on over the 12 months. • For most cases, we would expect the number of uses of restraint (column R) to be higher than the number of unique individual service users that restraint was used on (column AF). (This would also be expected in "previous 12 months columns"). • Long-term segregation – Report each incidence only in the first month that it occurs, even if it lasts over multiple months. If a patient re-enters long term segregation then report as a separate incident, again in the first month only. If a patient is segregated more than once in a month please include each separate incidence in that month.
Time Period	Latest complete 12-month period (year 1) and previous complete 12-month period (year 2).

Ligatures

RPIR ID	MH3. Ligatures
KLOE Heading	Are there reliable systems, processes and practices to keep people safe and safeguarded from abuse?
For KLOE Prompt(s)	S1.1 How are safety and safeguarding systems,

	processes and practices developed, implemented and communicated to staff?
Question	A list of ligature assessments, by ward/unit, for the last 12 months and a summary of risks and action taken.
Definitions	<ul style="list-style-type: none"> • CQC Brief Guide: Ligature points • Please see appendix A for core service definitions, map teams/wards to the same core services agreed in the sites tab
Points to note	<ul style="list-style-type: none"> • Ensure the dates of each assessment is within the date range you have provided. • Please use the drop-down options in column F
Time Period	Last 12 months

Readmissions within 28 days

RPIR ID	MH4. Readmissions
KLOE Heading	How are people's care and treatment outcomes monitored and how do they compare with other similar services?
For KLOE Prompt(s)	E2.2 Does this information show that the intended outcomes for people are being achieved?
Question	For all ward/unit please list the number of readmissions within 28 days of discharge.
Definitions	Community treatment order (CTO)
Points to note	<ul style="list-style-type: none"> • We don't mean instances where a patient has moved between wards. Please include only patients who were completely discharged from care and subsequently readmitted. • Ensure the readmission date is within the time frame provided • Each patient should be on a separate line. • Please use the drop-down options in columns D and F • Please see appendix A for core service definitions, map teams/wards to the same core services agreed in the sites tab.
Time Period	Last 12 months

Clinical Supervision

RPIR ID	MH5. Clin supervision
KLOE Heading	How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?
For KLOE Prompt(s)	E3.4 What are the arrangements for supporting and managing staff to deliver effective care and treatment?
Question	Clinical supervision rates at team level (over the last 12 months) for all teams and wards

Definitions	<p>We define supervision as an accountable process which supports, assures and develops the knowledge skills and values of an individual group or team.</p> <p>The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice. This is not an appraisal.</p> <p>Supporting effective clinical supervision</p>
Points to note	<ul style="list-style-type: none"> • If figures are available, please populate the table and provide a narrative. If no figures are available, please just provide the narrative. • Where possible please try to adhere to the 250 word-limit. • Please see appendix A for core service definitions, map teams/wards to the same core services agreed in the sites tab. • Please use the drop-down options in column B & D • Please include all teams and wards (community and inpatient) • Please see appendix for ESR staff groups • Please include substantive posts only • Supervision rates over 100% are allowed, but we will query these to ensure they are correct.
Time Period	Last 12 months

Management Supervision

RPIR ID	MH6. Man supervision
KLOE Heading	How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?
For KLOE Prompt(s)	E3.4 What are the arrangements for supporting and managing staff to deliver effective care and treatment?
Question	Managerial supervision rates at team level (over the last 12 months) for all teams and wards
Definitions	<p>We define 'supervision' as "an accountable process which supports, assures and develops the knowledge skills and values of an individual group or team. Managerial supervision is carried out by a supervisor with authority and accountability for the supervisee. It provides the opportunity for staff to:</p> <ul style="list-style-type: none"> • Review their performance • Set priorities/objectives in line with the organisation's objectives and service needs • Identify training and continuing development needs

Points to note	<ul style="list-style-type: none"> • If figures are available, please populate the table and provide a narrative. If no figures are available, please just provide the narrative. • Where possible please try to adhere to the 250 word-limit. • Please see appendix A for core service definitions. Map teams/wards to the same core services agreed in the sites tab • Please use the drop-down options in column B & D • Please include all teams and wards (community and inpatient) • Please see appendix for ESR staff groups • Supervision rates over 100% are allowed, but we will query these to ensure they are correct.
Time Period	Last 12 months

Education

RPIR ID	MH7. Education
KLOE Heading	Do services take account of the particular needs and choices of different people?
KLOE Prompt(s)	R2.7 Where the service is responsible, how are people supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them, including in the wider community and, where appropriate, to have access to education and work opportunities?
Question	An overview of how children and young people's educational needs are met and links to any external reviews of education provided (e.g. OFSTED reports).
Points to note	Only relevant if you have children and young people as inpatients.
Time Period	Within the last 12 months

Bed Occupancy and Length of Stay (LOS)

RPIR ID	MH8. Bed occ
KLOE Heading	Can people access care and treatment in a timely way?
KLOE Prompt(s)	R3.3 What action is taken to minimise the length of time people have to wait for care, treatment or advice?
Question	Please provide bed occupancy figures by ward by month for a year.
Definitions	NHS data dictionary: bed days in wards open overnight NHS data dictionary: ward stay
Points to note	<ul style="list-style-type: none"> • Please use the drop-down options in column D

	<p>For bed occupancy:</p> <ul style="list-style-type: none"> • The calculation is inpatient days / available bed days • For wards open overnight, an occupied bed day is one which is occupied at midnight on the day in question. • Bed occupancy should not be 0% when there is >0 length of stay days.
Time Period	Last 12 months

Caseloads

RPIR ID	MH9. Caseloads
KLOE Heading	How well do staff, teams and services within and across organisations work together to deliver effective care and treatment?
KLOE Prompt(s)	R3.3 What action is taken to minimise the length of time people have to wait for care, treatment or advice?
Question	<p>For all community staff teams, we would like to know the caseloads they have had by month for the last year.</p> <p>We would also like to know the ideal number or target number and the maximum number.</p>
Definitions	A volume or list of patient referrals belonging to a healthcare professional.
Points to note	<ul style="list-style-type: none"> • To calculate average caseloads please add up your patient caseloads and divide it by the number of staff (WTE) within each team (i.e. do not double count cases which may be shared between staff members). • This information is required on a team by team basis. • Please see appendix A for core service definitions, map teams/wards to the same core services agreed in the sites tab • Please use the drop-down options in column C • Please provide a narrative in the box at the bottom, even if you cannot provide any data in the table. Where possible please try to adhere to the 250 word-limit.
Time period	Last 12 months

Out of area placements

RPIR ID	MH10. Out of area
KLOE Heading	Do services take account of the particular needs and choices of different people?

For KLOE Prompt(s)	R2.1 How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances?
Question	Out of area placements by patient for the last 12 months. Please remember not to include any confidential personal information about patients.
Definitions	Out of area placement definition
Points to note	<ul style="list-style-type: none"> • Please include all patients who were/are out of area during the 12-month period. • Please include placements where patients were placed out of area prior to or during the 12 months. • Please include placements that are ongoing. • Please use the drop-down options in columns B, F, & G. • Ensure that the earliest date in column C does not precede the start date provided in E3.
Time Period	Last 12 months

MH patients in A&E's - MH

RPIR ID	MH11. MH in ED
KLOE Heading	Can people access care and treatment in a timely way?
For KLOE Prompt(s)	R3.4 Do people with the most urgent needs have their care and treatment prioritised?
Question	Overview questions about numbers of patients, delays and the types of services you provide.
Points to note	<ul style="list-style-type: none"> • This tab only needs to be filled in if you provide mental health services to Emergency Departments (ED) or if you receive patients via an ED.
Time period	Last 12 months

MH patient bed management

RPIR ID	MH12. MH Beds
KLOE Heading	Can people access care and treatment in a timely way?
For KLOE Prompt(s)	R3.4 Do people with the most urgent needs have their care and treatment prioritised?
Question	Please provide detail around bed management for inpatients.
Points to note	Please try to adhere to the 250 word-limit.
Time Period	Current

Child & Young People Mental Health Services (CYPMHS) and Transition Services

RPIR ID	MH13. CYPMHS & transition
KLOE Prompt(s)	Can people access care and treatment in a timely way?
KLOE Heading	R3.4 Do people with the most urgent needs have their care and treatment prioritised?
Question	<p>An overview of CYPMHS services (only relevant if provided or accessed). Who provides them and how they are accessed during times of crisis out of hours.</p> <p>The number of CYPMHS patients who were admitted as inpatients to an inappropriate area for their safety (e.g. adult unit/wards).</p> <p>An overview of the transition from children to adult services – not CYPMHS specific but any service provided.</p>
Time Period	Within the last 12 months

Referrals

RPIR ID	MH14. Referrals
KLOE heading	Can people access care and treatment in a timely way?
For KLOE Prompt(s)	R3.1 Do people have timely access to initial assessment, test results, diagnosis or treatment?
Question	Provide the referral pathways data for each team. Days from referral to initial assessment and days from referral to onset of treatment. Tell us what the target is, how this target was agreed and what the actual performance is (median).
Definitions	<p>Referral to treatment should be calculated as described in NHS data dictionary: Referral to treatment Referral to treatment start date Referral to treatment end date</p> <p>For the 'service type' column the definitions used correspond to the ones in the Data Dictionary: Service type Service or team type for mental health</p>
Points to note	<ul style="list-style-type: none"> • Please see appendix A for core service definitions, map teams/wards to the same core services agreed in the sites tab • Please use the drop-down options in column D • Please include <u>all</u> wards/teams for MH core services • Please provide a comment for any ward/team you cannot provide any targets or data for

Time Period	Last 12 months
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Length of Stay (LOS)

RPIR ID	MH15. LoS
KLOE Heading	Can people access care and treatment in a timely way?
KLOE Prompt(s)	R3.3 What action is taken to minimise the length of time people have to wait for care, treatment or advice?
Question	Please provide length of stay in the same format for discharged patients and current patients.
Definitions	NHS data dictionary: bed days in wards open overnight NHS data dictionary: ward stay
Points to note	<ul style="list-style-type: none"> • Please use the drop-down options in column C & F • For current patients please calculate for <u>last day of each month</u> the median length of stay (inc. leave) of all current patients. Only include patients admitted within last 24 hours if it is a short stay ward. • Leave must be included (including Home Leave, Mental Health Leave of Absence or Mental Health Absence Without Leave) • Patients admitted and discharged on the same day have a LOS of zero days <p>When calculating the “median” please don’t include blank months in the calculation if the ward was closed, but do include true zeros.</p>
Time Period	Last 12 months

Document requests

Annual quality account

Information Request ID	MH16
KLOE Heading	Are there reliable systems, processes and practices to keep people safe and safeguarded from abuse?
For KLOE Prompt(s)	S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?
Question	Please provide a copy of your most recent annual quality account (or equivalent publication) which details the trust’s increased behaviour support planning and restrictive intervention reduction.
Time Period	Last 12 months

Mental Health Act (MHA) committee meeting minutes

Information Request ID	MH17
KLOE Heading	Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
For KLOE Prompt(s)	E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice?
Question	Meeting minutes for the last three MHA committee meetings.
Time Period	Last 12 months

MHA report

Information Request ID	MH18
KLOE Heading	Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
For KLOE Prompt(s)	E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice?
Question	Any MHA reports that have been published (or undertaken and are yet to be published) within the last year.
Time Period	Last 12 months

Physical Healthcare Strategy

Information Request ID	MH19
KLOE Heading	How are people's care and treatment outcomes monitored and how do they compare with other similar services?
For KLOE Prompt(s)	E4.2 How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved?
Question	Strategy outlining access to Physical Healthcare for Patients/Service Users that demonstrates how people's physical healthcare needs are addressed and considered whilst receiving other types of treatment.
Time Period	Last 12 months

Section 75 agreement

Information Request ID	MH20
KLOE Heading	Is there a clear vision and credible strategy to deliver high-quality sustainable care to people who use services, and robust plans to deliver?
For KLOE Prompt(s)	W2.5 Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population?
Question	An agreement made under section 75 of National Health Services Act 2006 between a local authority and an NHS body in England.
Time Period	Current

Multi-agency policies

Information Request ID	MH21. Narrative on if there are multi-agency policies and protocols in place
KLOE Heading	Are there clear responsibilities, roles and systems of accountability to support good governance and management?
For KLOE Prompt(s)	W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?
Question	Narrative on if there are multi-agency policies and protocols in place, (i.e. s.117, s.135 and s.136). Tell us whether there is a s.117 register in place and who holds it.
Time Period	Current

Appendix A: Mental health core services

Mental health inpatient core services

MH - Acute wards for adults of working age and psychiatric intensive care units

Acute wards for adults of working age provide care and treatment for people who are acutely unwell and whose mental health problems cannot be treated and supported safely or effectively at home. This core service does not include wards where people stay for longer periods (for example, long stay or rehabilitation wards).

Psychiatric intensive care units (PICUs) provide high intensity care and treatment for people whose illness means they cannot be safely or easily managed on an acute ward. People normally stay in a PICU for a short period before they can transfer to an acute ward once their risk has reduced.

MH - Long stay/rehabilitation mental health wards for working age adults

Long stay/rehabilitation mental health wards for working age adults provide care and treatment for people whose needs are more complex, which require them to stay in hospital for longer. People may be referred here after a period on an acute ward when they have not recovered enough to be discharged home. Rehabilitation wards may also provide step-down for people who are moving on from secure mental health services.

MH - Secure wards/Forensic inpatient

Forensic inpatient or secure wards provide care and treatment in hospital for people with mental health problems who pose, or who have posed, risks to other people. People in secure services have often been in contact with the criminal justice system. These services may be low, medium or high secure, reflecting the different levels of risk that people may present. We inspect high secure hospitals separately using a specific core service framework.

MH - Forensic (high secure)

High secure hospitals provide care and treatment in hospital for people with mental health problems who pose, or who have posed, risks to other people. People in secure services have often been in contact with the criminal justice system. All individuals admitted to High Secure Services will be detained under the Mental Health Act 1983 and fulfil the criteria as defined by the NHS Act 2006, for people who “require treatment under conditions of high security on account of their dangerous, violent or criminal propensities.” Patients admitted to high secure hospital are assessed as being a “grave and immediate danger to the public”. High Secure hospitals have physical security arrangements equivalent to a category B prison. They can, however, treat individuals who in a prison setting would be in a category A environment.

MH - Child and adolescent mental health wards

Child and adolescent mental health services (CAMHS) may assess and treat children and young people as an inpatient in hospital. This may be when community-based services cannot meet their needs safely and effectively because of their level of risk and/or complexity and where they need 24-hour nursing and medical care.

MH - Wards for older people with mental health problems

Wards for older people with mental health problems provide assessment, care and treatment for people whose mental health problems are often related to ageing. This may include a combination of psychological, cognitive, functional, behavioural, physical and social problems.

MH - Wards for people with learning disabilities or autism

Wards for people with learning disabilities or autism are specialist inpatient services for adults with a learning disability (LD) and/or autism who need assessment and treatment for mental health conditions. There are different models of services, but all patients in these wards should have their mental and physical healthcare needs assessed and receive care and treatment in line with their care plan. In all cases, the clear goal is to support people to return to the community and a good quality of life. This involves locally provided treatment in the least restrictive setting.

Community-based mental health and crisis response services

MH - Community-based mental health services for adults of working age

Community-based mental health services for adults of working age provide care and treatment for people who need a greater level of mental health care than primary care services can provide. There is a wide range of service models and different types of interventions. People using these services may receive support over a long period or for short-term interventions.

MH - Mental health crisis services and health-based places of safety

Community-based mental health crisis services provide care and treatment for people who are acutely unwell to avoid having to admit them to hospital. These services include crisis resolution and home treatment teams that see people in their homes and crisis houses for people who cannot be treated at home but who do not need to be admitted to hospital.

A health-based place of safety (HBPoS) is a room, or suite of rooms, where people are assessed when they have been detained by the police under section 135 or 136 of the Mental Health Act. People will usually stay in a place of safety for a very short period, normally no longer than 24 hours.

MH - Specialist community mental health services for children and young people

Specialist community child and adolescent mental health services (CAMHS) provide assessment, advice and treatment for children and young people with severe and complex mental health problems. They also provide support and advice to their families or carers. Services are usually multi-disciplinary teams of mental health professionals providing a range of interventions in the community, working with schools, social care, charities, voluntary and community groups.

MH - Community-based mental health services for older people

Community-based mental health services for older people provide care and treatment for people who need a greater level of mental health care than primary care services can provide. There is a wide range of service models and different types of interventions. People using these services may receive support over a long period or for short-term interventions.

MH - Community mental health services for people with a learning disability or autism

Community services mental health for people with a learning disability or autism provide assessment, specialist care and treatment through multi-disciplinary teams based in the community. They help people to live as independently as possible, manage their condition and improve it where this is possible.

MH - Other specialist services

Other specialist Core services will be considered for inspection. These include services that are nationally commissioned as follows:

- Mental Health Liaison
- Community forensic mental health teams
- Eating Disorders services
- Gender Identity services
- Personality disorder services
- Services for people with acquired brain injury
- Specialist mental health services for people who are deaf
- Perinatal
- Substance Misuse

Where a provider has other specialist services that are not included in this list, these may also be considered for inspection and should be mapped to MH – Other specialist Services.

Other

This category should be used for all mental health services which are not included as part of the core services outlined above (e.g. Improving Access to Psychological Therapies).

Appendix B: ESR staff groups

The ESR staff groups are being used for staffing data throughout the PIR documents. Please use the exact naming conventions as follows:

- Additional Clinical Services
- Additional Professional Scientific and Technical
- Administrative and Clerical
- Allied Health Professionals
- Estates and Ancillary
- Healthcare Scientists
- Medical and Dental
- Nursing and Midwifery Registered
- Students

For definitions of these staff groups please see the [National Workforce Data Set \(NWD\) guidance document](#).