

Options Appraisal Report

on the temporary closures of

Health Based Places of Safety in

Swindon and Salisbury

September 2019

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EXECUTIVE SUMMARY

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) was asked to make significant improvements to the provision of Health Based Places of Safety (HBPoS) at Sandalwood Court in Swindon and Fountain Way in Salisbury following two Care Quality Commission (CQC) inspections in 2016 and 2017, which rated these services as inadequate.

To address the concerns raised by the CQC, AWP, Swindon CCG and Wiltshire CCG recommended the temporary closure of the HBPoS suites in Swindon and Salisbury and the relocation of these services to a new, single, larger, purpose-built HBPoS at the Green Lane Hospital in Devizes for an interim period. NHS England agreed this recommendation and the HBPoS at Swindon and Salisbury were temporarily closed on 19 February 2018 and 26 March 2018 respectively.

An [Evaluation Report](#) was produced which aimed to understand the effect of these temporarily changes to provision. This evaluation was led by Swindon CCG and the results from this evaluation have been shared with Swindon and Wiltshire CCG Governing Body members for consideration in September 2019.

The evaluation considered the views and experiences of people who have been detained within a HBPoS, in addition to the views and experiences of healthcare staff, the ambulance service, the police and the general public. This was complimented by activity data supplied by AWP, which provided a snapshot of HBPoS services before and after the temporary closures, in addition to the findings from a recent CQC inspection in 2018, which found the services provided at the HBPoS in Devizes to be rated as good.

This report appraises the options for future service provision and is being presented to the Swindon and Wiltshire CCG Governing Bodies in September 2019 for ratification and approval. The recommendation from both Governing Bodies will be presented to Swindon Adults' Health, Adults' Care and Housing Committee and Wiltshire Health Select Committee, who will be requested to endorse and support the proposed option.

1	Introduction
1.1	This report provides the results of an option appraisal exercise undertaken as part of the review of the temporary closure of the Health Based Place of Safety (HBPoS) services in Swindon and Salisbury with the consolidation to one site in Devizes.
2	Background
	<p>Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) was asked to make significant improvements to the provision of HBPoS at Sandalwood Court in Swindon and Fountain Way in Salisbury following two Care Quality Commission (CQC) inspections in 2016 and 2017 which rated these services as inadequate.</p> <p>To address the concerns raised by the CQC, AWP, Swindon CCG and Wiltshire CCG recommended the temporary closure of the HBPoS suites in Swindon and Salisbury and the relocation of these services to a new, single, larger, purpose-built HBPoS at the Green Lane Hospital in Devizes for an interim period. NHS England agreed this recommendation and the HBPoS at Swindon and Salisbury were temporarily closed on 19 February 2018 and 26 March 2018 respectively.</p> <p>An evaluation report on the effect of temporarily closing the HBPoS suites at Swindon and Salisbury, and re-locating these services to a new, single, larger, purpose-built HBPoS in Devizes has been shared with Swindon and Wiltshire CCG Governing Bodies, Swindon Adults' Health, Adults' Care and Housing Committee and Wiltshire Health Select Committee for consideration in September 2019.</p> <p>This is a second report appraising the options for future service provision.</p>
3	Statement of Options
3.1	<p>A list of options was appraised in terms of the following elements:</p> <ul style="list-style-type: none"> • Quality (CQC domains) – (quality) • Environment for staff and detainees – (estate) • Workforce sustainability – (workforce) • Travel distances – (travel) • Cost effectiveness – (cost)
3.2	The outcome from the option appraisal is intended to confirm a recommendation on the future of HBPoS services in Swindon and Salisbury.
4	Options to be considered for the option appraisal
4.1	The options considered for the appraisal were:
	<p>Option A To make permanent the Bluebell Unit arrangements based at Devizes, with no health based places of safety at Sandalwood Court (Swindon) and Fountain Way (Salisbury).</p> <p>This will provide four HBPoS beds for the Sustainability and Transformation Partnership (STP) area and this is enough based on data.</p>

	<p>Option B To maintain the Bluebell Unit in Devizes as a dedicated unit but re-open the place of safety suites at Sandalwood Court and Fountain Way.</p> <p>This will provide six beds for the Sustainability and Transformation Partnership (STP) area and this is above requirements based on data.</p>
	<p>Option C To roll out the additional Bluebell Unit clinical model in Swindon and Salisbury.</p> <p>This will provide 12 beds for the Sustainability and Transformation Partnership (STP) area and this is above requirements based on data.</p>

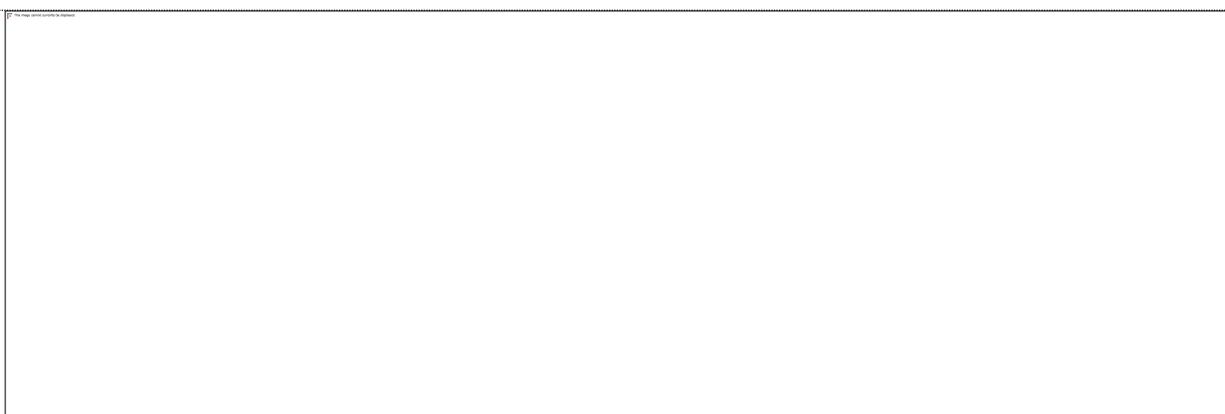
4.2 The costs of the three options were:

Option	Estates feasibility/requirements	Financial feasibility/requirements	Provider comments
<p><u>Option A</u> Bluebell Unit only (HBPOs services on one site, providing four beds)</p>	<p>£320k Capital investment awarded and spent via the Crisis Concordat with works carried out by AWP. Business case available.</p> <p>(Already invested in the unit so no further estates expenditure is required).</p>	<p>Current staff / non-pay running costs of 837k per annum + 67k Estates and Depreciation charge = £904k</p>	<p>Enough capacity to meet the demand across the STP area and able to staff.</p>
<p><u>Option B</u> Maintain the Bluebell Unit in Devizes as a dedicated unit but re-open the place of safety suites at Sandalwood Court and Fountain Way. (Three sites, using the existing estate, providing six beds)</p>	<p>£500-700k per unit to meet revised standards (IF space on site was even enough) – Capital required.</p>	<p>£904k to maintain Bluebell plus £360k to staff the HBPOs suites in Swindon and Salisbury.</p> <p>Total: £1.624m</p>	<p>Assumes ability to recruit to this level of workforce which given local and national pressures is likely to result in high use of agency staffing as vacancy numbers in Swindon and Salisbury are high.</p> <p>Additional depreciation charge associated with the capital investment requirement / capital would need to be secured to fund the development.</p>
<p><u>Option C</u> Bluebell model rolled out across all three sites</p>	<p>Not easily feasible. Only capacity at both sites for adjoining single room capacity not a dedicated unit. Could require £1m investment in each site due to space restrictions</p>	<p>Would be Bluebell costs in all three sites.</p> <p>Total: £2.71m</p> <p>(**Please see analysis below for Bluebell Unit)</p>	<p>Assumes ability to recruit to this level of workforce which given local and national pressures is likely to result in high</p>

(Three sites, of which two would be new facilities, providing 12 beds)	/ building costs / revised standards Total: £1.5 to2.0m		use of agency staffing. Additional depreciation charge associated with the capital investment requirement / capital would need to be secured to fund the development.
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4.3 Bluebell Unit – costs 2018/19

**The information below shows the costs associated with running the Bluebell Unit during 2018/19.



(Source – Avon and Wiltshire Mental Health NHS Trust)

5 Assessment of the options

5.1 A clinical led panel consisting of a GP from Swindon, a GP from Wiltshire and the secondary care doctor on Swindon CCG's Governing Body considered each option against the criteria in 3.1 above. The options were considered during May 2019.

5.2 For each criteria, options A, B and C were scored between 0 and 2.

2: Good evidence
1: Partial evidence
0: weak or little evidence

The maximum would be two for each criterion making a total score of 10 points.

5.3 The average scores for each option, **scored by the clinical panel were:**

Option	Quality	Estate	Workforce	Travel	Cost	Total score
A	2	2	1	0.6	2	7.6
B	0.6	0	1	2	0.6	4.2
C	1	0	1	2	0	4

5.4	Members of the clinical panel did express concern over the viability of Option B and Option C. The concerns were related to the ability to staff three units, value for money, estate costs and travel.																												
5.5	In addition to the clinical panel, the managers of Healthwatch Swindon and Healthwatch Wiltshire also carried out the scoring, considering each option against the criteria in 3.1 above.																												
<p>The average scores for each option, scored by the managers of Healthwatch Swindon and Healthwatch Wiltshire were:</p> <table border="1" data-bbox="225 533 1481 725"> <thead> <tr> <th>Option</th> <th>Quality</th> <th>Estate</th> <th>Workforce</th> <th>Travel</th> <th>Cost</th> <th>Total score</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>2</td> <td>2</td> <td>2</td> <td>0</td> <td>2</td> <td>8</td> </tr> <tr> <td>B</td> <td>0.5</td> <td>0.5</td> <td>0</td> <td>2</td> <td>0.5</td> <td>3.5</td> </tr> <tr> <td>C</td> <td>0</td> <td>0</td> <td>0</td> <td>2</td> <td>0</td> <td>2</td> </tr> </tbody> </table>		Option	Quality	Estate	Workforce	Travel	Cost	Total score	A	2	2	2	0	2	8	B	0.5	0.5	0	2	0.5	3.5	C	0	0	0	2	0	2
Option	Quality	Estate	Workforce	Travel	Cost	Total score																							
A	2	2	2	0	2	8																							
B	0.5	0.5	0	2	0.5	3.5																							
C	0	0	0	2	0	2																							
5.6	<p>The total average scores were:</p> <table border="1" data-bbox="225 898 1481 1090"> <thead> <tr> <th>Option</th> <th>Quality</th> <th>Estate</th> <th>Workforce</th> <th>Travel</th> <th>Cost</th> <th>Total score</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>2</td> <td>2</td> <td>1.4</td> <td>0.4</td> <td>2</td> <td>8.8</td> </tr> <tr> <td>B</td> <td>0.6</td> <td>0.2</td> <td>0.6</td> <td>2</td> <td>0.6</td> <td>4</td> </tr> <tr> <td>C</td> <td>0.6</td> <td>0</td> <td>0.6</td> <td>2</td> <td>0</td> <td>3.2</td> </tr> </tbody> </table>	Option	Quality	Estate	Workforce	Travel	Cost	Total score	A	2	2	1.4	0.4	2	8.8	B	0.6	0.2	0.6	2	0.6	4	C	0.6	0	0.6	2	0	3.2
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B	0.6	0.2	0.6	2	0.6	4																							
C	0.6	0	0.6	2	0	3.2																							
6	Summary and preferred option																												
<p>The Evaluation Report on the temporary closures of Health Based Places of Safety in Swindon and Salisbury and the results of the appraisal of the options shows that option A (To make permanent the Bluebell Unit, arrangements based at Devizes, with no health based places of safety at Sandalwood Court (Swindon) and Fountain Way (Salisbury)) is ranked highest in terms of:</p> <ul style="list-style-type: none"> • Quality (CQC domains) – (quality) • Environment for staff and detainees – (estate) • Workforce sustainability – (workforce) • Travel distances – (travel) • Cost effectiveness – (cost) <p><u>Quality</u></p> <ul style="list-style-type: none"> • There has also been a significant improvement in the quality of services provided at the new, single larger and dedicated health based place of safety (HBPoS) at the Bluebell Unit at Green Lane Hospital in Devizes as evidenced by the CQC inspection reports from 2016 and 2017 which rated the HBPoS at Swindon and Salisbury as inadequate, and the CQC inspection report from 2018 which rated the HBPoS at Devizes as good across all five of the CQC domains. • Most service users (66 per cent) surveyed by Healthwatch reported positive experiences of their time at the Bluebell Unit in Devizes and the care they received throughout the whole pathway. Those who reported negative experiences, 																													

highlighted the differences between permanent and temporary staff in the approach to their care and lapses in communication through key elements of the detention and mental health assessment process (this has been shared with AWP).

- Consolidation of HBPoS at a single site in Devizes has improved mental health assessment times, such that 24-hour assessment requirements set out within the Policing and Crime Act (PACA) 2017 are now being consistently met.
- The two suites were run with two additional staff on duty during every shift, located at another ward within the hospital. These staff would then be deployed over to the HBPoS when the police arrived with a detainee. The two staff were unable to safely cover each HBPoS unit and additional staff to provide safe care would need to be moved from other wards or obtained via the staffing bank or an agency. These additional staff were not dedicated HBPoS staff and would often not hold the specialist knowledge and skills needed to manage Section 135/6 detainees and the associated legal processes such as escalating issues accordingly. Although the Salisbury HBPoS is directly adjoining an operational ward, the Swindon HBPoS is not and therefore had a stand-alone status.
- The person waiting to be assessed would have to wait in the vehicle which took them to the HBPoS suite until staff could come from the wards, or bank and agency staff could be brought in.

Estate

- The Bluebell Unit is a purpose-built HBPoS with a dedicated, full time staffing group. With capacity for four people to be detained and assessed, it improves upon the previous combined capacity of the three HBPoS which provided assessment for three people.
- At Swindon HBPoS, a person waiting outside the HBPoS in a marked police car would be in full view of any members of the public using the footpath, along with staff and patients using the footpaths and grounds. This experience could be especially negative for a detainee already distressed or agitated.
- The Bluebell Unit has the advantage of being co-located with other wards within the hospital, including adjoining operational wards, should staff need to move between wards urgently. The unit also has dedicated outdoor space, providing an environment conducive to recovery (neither of the HBPoS suites in Swindon or Salisbury have a dedicated outdoor space).
- There have been no permanent changes to the physical environments at either Sandalwood Court in Swindon or Fountain Way Hospital in Salisbury that would prevent these HBPoS from re-opening. However, further investment and resources would be required for these HBPoS to meet CQC requirements. Additionally, alterations other than to the internal specification of the current building at Swindon HBPoS would be significantly challenging due to the very limited capacity to expand the Sandalwood Court hospital site.

Workforce

- Having a dedicated HBPoS service at a single site, in a calming environment, has been a key change to support the improved CQC rating. Consolidating HBPoS at a single site also offers improved recruitment and training opportunities for staff.
- With only two staff deployed to the HBPoS in Swindon and Salisbury, these sites were unable to provide a three-person Prevention Management of Violence and Aggression (PMVA) team, which is recommended as best practice when needing to intervene or restrain a person who may pose a risk to themselves or others. This practice could put patients and staff at risk.

- The deployment of the staff from the wards often took some time as the staff would have to be taken out of planned duties. This led to delays for the police in having the detainees accepted at a HBPoS and for the police to get back into the community.
- While in most cases the Swindon and Bath and North East Somerset AMHP services travel to the Bluebell Unit to complete assessments on residents from their own areas during office hours, it does fall to Wiltshire AMHPs to complete HBPoS assessments out of hours or on the odd occasions the other services cannot provide cover during office hours. Furthermore, Wiltshire AMHPs automatically pick up assessments on behalf of Bristol, North Somerset and South Gloucestershire and AMHP Services regardless of the time of day. Swindon CCG has agreed to fund the level of out of hours AMHP assessment work undertaken through Wiltshire AMHP, relating to the Swindon population.

Travel

- No comments have been received from service users in Swindon or Salisbury regarding the location of the HBPoS in Devizes being inappropriate.
- While the general and staff survey showed a strong preference (61 per cent) for HBPoS services to be based within the same town as detainees, with travel times of 30 minutes or less strongly preferred (72 per cent), the general and staff survey results also showed a strong preference (97 per cent) for HBPoS services to be safe and consistent.
- We are aware that the on-line survey and petitions showed that people were concerned about the travel distance and time for going to the Bluebell Unit from Swindon, however, this was not supported by service user feedback.
- No complaints about increased transport times have been received by the Patient Advice and Complaints Teams at Swindon and Wiltshire CCGs and AWP, following the temporary closures of HBPoS at Swindon and Salisbury.
- Concern was expressed about how people would travel back from Devizes to Swindon and Salisbury. If a person is discharged from a HBPoS under S136, and is not staying in hospital, the person will be offered transport home. AWP routinely provides transport from HBPoS for people who have been assessed and discharged, unless individuals wish to make their own transport arrangements.
- The geographical location of the HBPoS in Devizes increases the travel times for detainees from Swindon and Salisbury.
- The travel time by car to the HBPoS in Devizes is approximately 27 miles and 45 minutes from both Salisbury and Swindon HBPoS.
- Travel time would reduce if transport is undertaken by ambulance and police car with the aid of a blue light.
- Given the much larger population and increasing geographical spread of Swindon, and dependent upon the location within Swindon where the detainee is transported from, travel times could vary. The travel time to Devizes could reduce to 19 miles and 35 minutes, without blue light. The travel time from within Swindon to the Swindon HBPoS could be up to 7 miles and 20 minutes, without blue light.

Cost

The table below shows that Option A is the most cost effective model:

Option	Estates	Financial
Option A (HBPoS services on one site, providing four beds)	£320k capital investment was awarded and spent via the Crisis Concordat with works carried out by AWP.	Current staff / non-pay running costs of 837k per annum + 67k Estates and Depreciation charge

		Total: £904k
Option B (Three sites, using the existing estate, providing six beds)	£500-700k per unit to meet revised standards (IF space on site was even enough) – Capital required	£904k to maintain Bluebell plus £360k to staff the adjoining suites Total: £1.624m
Option C (Three sites, of which two would be new facilities, providing 12 beds)	Not easily feasible. Only capacity at both sites for adjoining single room capacity not a dedicated unit. Could require £1m investment in each site due to space restrictions / building costs / revised standards Total: £1.5 to 2.0m	Would be Bluebell costs in all three sites. Total: £2.71m (Please see analysis for Bluebell Unit in 4.3)

Additional information

- The number of people being detained at the HBPOS following the consolidation of services at the Bluebell Unit in Devizes has remained consistent, being approximately two per week for Swindon and about four per week for Wiltshire, up to the last data provided.
- The Bluebell Unit has capacity for four people to be detained and assessed, which improves upon the previous combined capacity of the three HBPOS which provided assessment for three people. With additional capacity built into the Bluebell Unit HBPOS, the additional demand from Swindon and Salisbury can be met.
- On occasions capacity issues have arisen due to detainees from other areas, including Bath and North East Somerset, South Gloucestershire and Bristol being transferred to the Bluebell Unit. BSW has formally written to BNSSG leads to raise concerns regarding the impact of this activity increase and to understand actions being undertaken. Further discussions will be taking place at the Avon, Somerset and Wiltshire Concordat meeting on September 23 2019.
- A series of no blame case reviews have been undertaken to create a thematic understanding of operational areas in relation to HBPOS pathways. Regardless of the outcome of the options appraisal, a need for further education around HBPOS pathways has been identified. A number of actions have already been undertaken including confirmed new pathway for under 18 detainees supported with a memorandum of understanding between AWP and Oxford Health.
- It has also been identified that collaborative work is required to identify a contingency plan should the HBPOS become unavailable.

7 Recommendation

7.1 The Swindon and Wiltshire CCG Governing Bodies are requested to:

- Ratify and approve Option A, namely to retain a dedicated health-based place of safety (Bluebell Unit) in Devizes, with the closure of the health-based place of safety suites at Sandalwood Court (Swindon) and Fountain Way (Salisbury).

The recommendation from both Governing Bodies will be presented to Swindon Adults' Health, Adults' Care and Housing Committee and Wiltshire Health Select Committee who will be requested to endorse and support Option A, namely to retain a dedicated health-based place of safety (Bluebell Unit) in Devizes, with the closure of the health-based place of safety suites at Sandalwood Court (Swindon) and Fountain Way (Salisbury).

Glossary of Terms and Acronyms

Acronym /abbreviation	Term	Definition
AMHP	Approved Mental Health professional	<p>An approved mental health professional (AMHP) is a mental health worker who has received special training to provide help and give assistance to people who are being treated under the Mental Health Act.</p> <p>Their functions can include helping to assess whether a person needs to be compulsory detained (sectioned) as part of their treatment.</p> <p>An approved mental health worker is also responsible for ensuring that the human and civil rights of a person being detained are upheld and respected.</p>
CAMHS	Child and Adolescent Mental Health Services	CAMHS are specialist NHS services. They offer assessment and treatment for children and young people who have emotional, behavioural or mental health difficulties.
	Carer	A carer is a person giving assistance to an ill, disabled or frail person, usually a relative, for no wage.
CCG	Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

Acronym /abbreviation	Term	Definition
	Commissioning	Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a cycle of work from understanding the needs of a population, and identifying gaps or weaknesses in current provision, to procuring services to meet those needs.
	Conveyance	The process of transporting someone from one place to another.
CQC	Care Quality Commission	Reviews all providers to ensure they meet the standards set out in law to provide safe healthcare of an acceptable quality. The CQC has the power to close a service or to require immediate action to avoid closure, when their inspections find a service to be below standard.
	Crisis Concordat	The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.
	Detained / detainee	The Mental health Act is structured in many sections. If someone says: “You are being sectioned under the Mental health Act”, they mean you are detained according to a particular section of the Act.
FT	Foundation Trust	A type of hospital organisation which is independent from the Department of Health and run on a not-for-profit basis. Foundation trusts are accountable to local people who can become governors and members. They are authorised and monitored by an independent regulator for NHS Foundation Trusts.

Acronym /abbreviation	Term	Definition
	Healthwatch Swindon/ Wiltshire	<p>There is a local Healthwatch in every area of England. It is the independent champion for people using local health and social care services. It listens to what people like about services and what could be improved and shares their views with those with the power to make change happen. It also shares them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to Healthwatch to find information about health and social care services available locally. Its sole purpose is to help make care better for people.</p> <p>In summary, Healthwatch Swindon is here to:</p> <ul style="list-style-type: none"> • help people find out about local health and social care services • listen to what people think of services • help improve the quality of services by letting those running services and the government know what people want from care <p>https://www.healthwatchswindon.org.uk/</p>
HBPoS	Health Based Place of Safety	<p>Police can take people (under the Mental Health Act) from a public place to a health based place of safety (PoS) or 136 suite if they are in extreme mental distress and need to be detained for their own safety and the safety of others. A health based place of safety is a place where mental health professionals can assess people's needs and work out the best next steps. A health based place of safety is not an admission ward. An individual may be detained using the 1983 <u>Mental Health Act</u> for the purposes of assessing whether they have a mental disorder and if so whether they require further assessment or treatment. People taken to a place of safety are in crisis and usually highly distressed. Most are presenting a risk to themselves and sometimes to others.</p> <p>People detained are not patients. They are detainees until a decision is made as to whether they have a mental disorder that requires further assessment or treatment. A bed is available in the place of safety suite, not as a bedroom, but rather to allow rest. It is extremely rare that a person in a place of safety suite would be visited by relatives during their brief stay.</p>
KPIs	Key Performance Indicators	<p>These are set out in contracts with providers and help to monitor performance. Examples of KPIs include length of stay in hospital for a particular treatment or how satisfied patients are with the care they receive.</p>

Acronym /abbreviation	Term	Definition
MH	Mental Health	Mental health is a level of psychological well-being, or an absence of mental illness. It is the psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment. From the perspective of positive psychology, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience.
MHA	Mental Health Act, 1983	The Mental Health Act (1983) (amended 1995, 2007) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder. People detained under the Mental health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.
NHSE	NHS England	An executive non-departmental public body of the Department of Health (DoH). NHS England (NHSE) oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012. It holds the contracts for GPs and NHS dentists. www.england.nhs.uk
NHSI	NHS Improvement	NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. NHSI offers the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, NHSI helps the NHS to meet its short-term challenges and secure its future.
NHST	NHS Trust	A provider of health care, either the NHS trust (being phased out) or more commonly an NHS foundation trust. Trusts are separate legal bodies from CCGs but both are part of the NHS.
PMVA	Prevention and Management of Violence	This is training provided to staff in the prevention and management of any violence or aggression. The training can include both non-physical and physical skills to help staff when faced with a challenging behaviour.
S135	Section 135	In private premises – police have powers to enter your home, if needed by force, under a Section 135 warrant . You may then be taken to a place of safety for an assessment by an approved mental health professional and a doctor.

Acronym /abbreviation	Term	Definition
S136	Section 136	If the police find you in a public space and you appear to have a mental disorder and are in need of immediate care or control, they can take you to a place of safety (usually a hospital or sometimes a police station and detain you there under Section 136 . You will then be assessed by an approved mental health professional and a doctor.
	Stakeholder	The NHS has a wide range of stakeholders that all share an interest in its work, including patients and the public, local and regional NHS organisations, local authorities and social care providers, charities, and the voluntary and community sector.
	Section 29A warning notice	<p>The Care Quality Commission can serve a warning notice under section 29A of the Health and Social Care Act 2008 when it identifies concerns across either the whole or part of an NHS trust or NHS foundation trust and it decides that there is a need for significant improvements in the quality of healthcare. This includes concerns that are probably systematic and affect the entire system or service rather than being an isolated matter and that result in the risk of harm or actual harm.</p> <p>The 'quality of healthcare' means anything covered by the five key questions and their key lines of enquiry across the whole or part of a trust or foundation trust. The CQC must apply a legal test to decide whether or not to issue a warning notice. This is in addition to other decisions it makes, such as whether any regulations have been breached or decisions about the ratings assessment. The CQC can only serve a s29A warning notice where there is a current need for significant improvement - it cannot be used retrospectively.</p>
	Section 12 doctor	A medically qualified doctor who has been recognised under section 12(2) of the Mental health Act 1983, who has specific expertise in mental disorders and has received training in application of the Act.
SWAST	South Western Ambulance Service NHS Foundation Trust	https://www.swast.nhs.uk/
WTE	Whole Time Equivalent	Whole time equivalent is a unit that indicates the workload of an employed person in a way that makes workloads or class loads comparable across various contexts.