# Baselining and evaluation criteria

Assess how your force is currently managing calls for service and understand the impact of Right Care Right Person.

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This guidance can help you identify a baseline data set to understand your force's current levels of demand, and evaluate and monitor Right Care Right Person (RCRP).

Effective evaluation of the impact of RCRP can be achieved by:

- building the evaluation in from the beginning stages of implementation
- being consistent in capturing data
- using key performance indicators (KPIs)

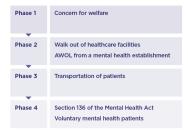# Using a phased implementation approach

## Benefits

Using a phased approach when implementing RCRP makes it easier to monitor and evaluate its impact.

It can also minimise any potential risks by making the scale of change manageable for partners and allowing changes to be embedded at each phase.

## Four-phase approach

A tested approach to implementation includes the following four phases.

1. Phase one – concern for welfare.
2. Phase two – walk out of healthcare facilities and absent without leave (AWOL) from a mental health establishment.
3. Phase three – transportation of patients.
4. Phase four – section 136 of the Mental Health Act and voluntary mental health patients.

# Deciding the number of phases

The four-phase approach is a tested and suggested model, but some forces have used alternatives. The number and order of implementation phases are decided by the force's senior responsible officer (SRO), and may be affected by internal and external factors.

- **SRO role and responsibilities in implementing RCRP**

Forces must consider the scale and complexity of the local partnership structures when deciding how to proceed. There needs to be a joint agreement with partners about implementation.

Evaluation should be planned for each phase of implementation. This allows learning to inform successful monitoring of later phases of RCRP implementation.

# Evaluation planning and methodology

Successful evaluation of RCRP relies on understanding how you will measure its impact from the start of the project.

Force performance and corporate governance teams should be involved with this process, as well as partners to consider a joint review.

## Design considerations

The first thing to consider is the questions you want to answer and how.

The evaluation design should consider the following points. This is not an exhaustive list.

- **Download the evaluation design considerations as an editable Word document**

- Have all elements of the force RCRP model been implemented in accordance with the principles contained within the **national RCRP toolkit** and aligned to the principles of the relevant **national partnership agreement**?
- Have there been any challenges or barriers to implementing the RCRP phases?
- What are the benefits and are they being achieved? Have additional benefits been identified that were not expected? Has there been any inequality in outcomes or disadvantages?
- Does the quality assurance work on control room decision making provide a measure of whether the right decisions are being made relating to RCRP?
- What is the impact of RCRP implementation on demand, staff, partners and the service user (consider quantitative and qualitative methodologies)?
- Are there any additional processes you could consider changing?
- Are there any additional phases of work that would bring more benefit?
- Are there any lessons learned (both operational and from a change management perspective)? Consider sharing this more broadly.
- Include throughout any evaluation and 'lived experience' views of the impact of RCRP on service provision.

- **Sample evaluation method by Humberside Police**

# Key performance indicators (KPIs)

The next stage involves:

- considering what success looks like for each phase of RCRP implementation
- how to measure impact in these chosen areas

Forces should collate crisis pathway data KPIs as a minimum. It should be possible to break down the KPIs by specific area – for example, by local authority area.

The KPIs could be captured in a section 136 or voluntary mental health risk assessment or handover form.

- **Sample evaluation method by Humberside Police**

Forces should also monitor KPIs around decision-making outcomes of force control room officers. Additional qualifiers could be added for the 'yes', 'no' or 'maybe' deployment decisions and

escalations could be instigated.

Forces can decide on the format for collecting this data, but mobile technology can allow data to be viewed in a dashboard format.

# Example crisis pathway data KPIs

- The number of 's136 mental health detention' or 'voluntary mental health admission' patients.
- Whether a call is made to mental health services to ask for advice in advance of a decision regarding detention under section 136 of the Mental Health Act (number and percentage).
- Whether the advice supports detention (number and percentage).
- Whether an ambulance was called to assist with conveyance (number and percentage).
- Whether the ambulance arrived within 30 minutes (number and percentage).
- A category of 'place of safety' where the detainee is conveyed to and the location – for example, 'health-based place of safety', 'emergency department', 'crisis café'.
- Handover time – specifically to capture data where the one-hour handover is not being achieved.

# Other example KPIs

- Whether a supervisor's authority was sought prior to using section 136 powers (number and percentage).
- Whether the incident log was endorsed with the advice and any rationale for the decision around detention under section 136 of the Mental Health Act (number and percentage).
- Whether the supervisor's authority was sought to use a police vehicle to convey (number and percentage).

**See a sample RCRP evaluation from Humberside Police**, which shows the impact of using KPIs throughout each phase of implementation.

# Baselining methodology

Baselining is crucial to develop a good understanding of your force's position before RCRP is implemented, so any change can be monitored and recorded accurately.

# What to measure

Each baseline should measure:

- Total demand – a count of unique incidents, also broken down by local authority areas. It's helpful to capture this as a number, as well as a percentage of overall demand.
- Demand breakdown by incident type – a count of incidents broken down into type, such as 'concern for safety', 'AWOL', 'section 136'.
- Deployments – a count of unique incidents deployed to and non-deployment. It's helpful to capture this as a number, as well as a percentage of deployment.
- Incident deal time – a count of officer time spent dealing with an incident. Unit time can be an alternative approach. However, forces should make it clear what measurement is being used, to make comparison easier. Forces should consider recording travel time to an incident to understand the total demand of deployment.
- Handover time – a count of time taken for officers to hand over or discharge the patient to healthcare or partner agencies until released. Forces should consider how officer wait time is captured within police systems or through partnership data.

Comparison periods should be established for all baseline criteria. For example, the same month of the previous year, with rolling month-on-month comparison.

## Other data considerations

Where possible, it can be beneficial to consider the following when capturing baseline data for RCRP.

- Location data at a more granular level – such as ward, beat, postcode or location type – can be useful for location analysis.
- Call origin – particularly showing calls coming from other agencies and those coming from members of the public.
- Call volume over time – the times of the day when calls are received.
- Incident types – as flags related to mental health will not only relate to 'concern for safety', this provides a better understanding of what makes up RCRP demand.
- Grouping incidents into vulnerability types, such as mental health, Alzheimer's and dementia, and suicide and self-harm. This ensures that health and social care demand can be separately identified.
- All incidents with 'concern for safety' type, in order to identify health and social care demand.

# Capturing data – Microsoft Power BI

Microsoft Power BI is a data tool. It allows data to be gathered and processed efficiently, which can help forces to analyse and better understand overall demand levels and deployments. Data can be measured month to month, year to year on a rolling basis.

It can be used to capture:

- caller and location data – capturing caller and location frequency can provide detailed insights about RCRP demand
- time data – capture of the median time is advised, as this creates a more levelled picture of attendance. However, both median and average (mean) time can be used for analysis. Time units should be captured and presented in hours to ensure consistency.

# Incident recording

## National guidance

Force incident recording standards are covered by national guidance – see the **national standard for incident recording (NSIR)**. This guidance recommends policing become more effective at recording, analysing and understanding the wider impact of vulnerability and mental health.

Forces need to consider the extent of information they capture to ensure compliance and development of good practice – particularly for those incidents where the decision is made that police will not attend.

## Flags and qualifiers

It's understood that the current flags and qualifiers do not capture the wider demand of vulnerability and mental health in policing – see the **National Police Chiefs' Council (NPCC) Mental health strategy 2022-2025**.

The use of these flags and qualifiers within forces should be reviewed as part of RCRP baselining.

RCRP-specific flags and qualifiers should be created. These allow for a comparative baseline during and after implementation. This ensures that forces can quantify and evaluate the impact of each system change.

The recommended flags and qualifiers include:

- concern for welfare
- walk out of healthcare facilities
- AWOL (absent without leave)
- mental health transportation
- voluntary mental health admission
- section 136 mental health detention
- section 135 mental health warrant

Prefixing these categories with 'RCRP' may make analysis easier – for example, 'RCRP concern for welfare'. This is a decision for both force performance and system design teams.

# Humberside Police samples

## Sample evaluation method

Consider the following example when deciding what to measure and how.

| Measure | Methodology |
|---------|-------------|
| Combined 'concern for safety' or mental health related – demand levels. | <ul><li>Overall and broken down into local authority areas.</li><li>All logs where either a 'concern for safety' incident type or a 'mental health', 'suicide and self-harm' or 'Alzheimer's and dementia' flag (qualifiers) is used.</li><li>Comparison period (the same month of the previous year) with rolling month-on-month comparison.</li></ul> |

| Measure | Methodology |
|---|---|
| Combined 'concern for safety' or mental health related – officer hours spent. | • All logs where either a 'concern for safety' incident type or a 'mental health', 'suicide and self-harm' or 'Alzheimer's and dementia' flag is used.<br>• Broken down into travel time and time at scene, as well as showing overall time.<br>• Include all resources.<br>• Comparison period (the same month of the previous year) with rolling month-on-month comparison. |
| Combined 'concern for safety' or mental health related – proportion deployed to. | • All logs where either a 'concern for safety' incident type or a 'mental health', 'suicide and self-harm' or 'Alzheimer's and dementia' flag is used.<br>• The proportion that have an officer shown as having arrived at scene. |
| 'Concern for safety' – overall demand levels. | • Overall and broken down into local authority areas.<br>• Comparison period (the same month of the previous year) with rolling month-on-month comparison. |

| Measure | Methodology |
|---|---|
| 'Concern for safety' – officer hours spent. | <ul><li>All 'concern for safety' logs.</li><li>Broken down into travel time and time at scene, as well as showing overall time.</li><li>Include all resources.</li><li>Comparison period (the same month of the previous year) with rolling month-on-month comparison.</li></ul> |
| 'Concern for safety' – how many deployed to and percentage deployed to. | <ul><li>All 'concern for safety' logs.</li><li>The proportion that have an officer shown as having arrived at scene.</li><li>Broken down into local authority areas.</li></ul> |
| 'Concern for safety' and/or mental health – keyword search. | <ul><li>Search of keywords provided by mental health operational lead.</li><li>Comparison period (the same month of the previous year) with rolling month-on-month comparison.</li></ul> |
| Mental health – overall demand levels. | <ul><li>Overall and broken down into local authority areas.</li><li>All logs with a mental health flag.</li><li>Comparison period (the same month of the previous year) with rolling month-on-month comparison.</li></ul> |

| Measure | Methodology |
|---|---|
| Mental health – officer hours spent. | <ul><li>All logs with a mental health flag.</li><li>Broken down into travel time and time at scene, as well as showing overall time.</li><li>Include all resources.</li><li>Comparison period (the same month of the previous year) with rolling month-on-month comparison.</li></ul> |
| Mental health – proportion deployed to. | <ul><li>All logs with a mental health flag.</li><li>The proportion that have an officer shown as having arrived at scene.</li></ul> |
| Mental health related – overall demand levels. | <ul><li>Overall and broken down into local authority areas.</li><li>All logs with a 'mental health', 'suicide and self-harm' or 'Alzheimer's and dementia' flag.</li><li>Comparison period (the same month of the previous year) with rolling month-on-month comparison.</li></ul> |

| Measure | Methodology |
|---|---|
| Mental health related – officer hours spent. | <ul><li>All logs with a 'mental health', 'suicide and self-harm' or 'Alzheimer's and dementia' flag.</li><li>Broken down into travel time and time at scene, as well as showing overall time.</li><li>Include all resources.</li><li>Comparison period (the same month of the previous year) with rolling month-on-month comparison.</li></ul> |
| Mental health related – proportion deployed to. | <ul><li>All logs with a 'mental health', 'suicide and self-harm' or 'Alzheimer's and dementia' flag.</li><li>The proportion that have an officer shown as having arrived at scene.</li></ul> |
| RCRP – overall demand levels. | <ul><li>Overall and broken down into local authority areas.</li><li>All logs with any RCRP flag (qualifiers).</li><li>Comparison period (the same month of the previous year) with rolling month-on-month comparison.</li></ul> |

| Measure | Methodology |
|---|---|
| RCRP – officer hours spent. | <ul><li>All logs with any RCRP flag.</li><li>Broken down into travel time and time at scene, as well as showing overall time.</li><li>Include all resources.</li><li>Comparison period (the same month of the previous year) with rolling month-on-month comparison.</li></ul> |
| RCRP – proportion deployed to. | <ul><li>All logs with any RCRP flag.</li><li>The proportion that have an officer shown as having arrived at scene.</li></ul> |
| RCRP – capacity released for frontline officers. | <ul><li>Reduced attendance equated to increased frontline capacity.</li><li>Where the released capacity has been reinvested.</li><li>Benefits for locate teams and outcomes from additional resources.</li></ul> |
| Dip sample of logs for quality of decision making. | Ethics board or panel – consider use of an independent advisory group or multi-agency panel to review sample of logs and assess decision making. |
| Audit of 'concern for safety' logs focusing on THRIVE (threat, harm, risk, investigation, vulnerability, engagement) quality and signposting and referral. | Sample of logs to be reviewed to assess the quality of THRIVE rationale. |

| Measure | Methodology |
|---|---|
| Audit of 'concern for safety' telephone calls focusing on quality of call and signposting. | Sample of logs to be reviewed to assess the quality of calls and whether signposting was offered. |
| Attendance times (assigned to arrival). | Review of attendance times, overall and broken down into local authority areas, to ascertain whether there has been a knock-on impact on officers attending other calls for service faster as a result of the time saved on 'concern for welfare' and mental health logs. |
| Overall logs on dispatch. | Review the number of logs on dispatch to assess impact in terms of managing other demand better. |
| Review of use escalation process. | • Statistics broken down into local authority area and over time to ascertain whether the escalation process has been invoked, as well as the result of the escalation process (successful or not successful). <br> • Identify agencies that have used the escalation process more than others to determine if any lessons have been learned or if communications are required. |

| Measure | Methodology |
|---|---|
| Staff surveys. | • Surveys for contact officers to ascertain whether they feel confident using the flow chart and making decisions, as well as whether they feel it has made a difference.<br>• Surveys for frontline officers – confidence in using policy and legislation, as well as whether they feel it has made a difference. |
| Staff focus groups. | Focus groups to be conducted with:<br>• frontline officers<br>• sergeants and inspectors<br>• force control room contact officers and dispatchers<br>• force control room supervisors<br>• force incident managers<br>• multi-agency safeguarding supervisors<br>• members of the basic command units, force control room, professional standards department, protecting vulnerable people team or senior leadership team |
| Partner focus groups. | External task and finish group focus group. |
| Service user insight. | Telephone survey of members of the public who have contacted the force and been dealt with by RCRP or who have been a user of our services. |
| Confidence levels. | Confidence levels from the Crime Survey for England and Wales for public confidence. |
| Partnership KPI performance data. | Review of partnership KPI performance data. |

## Sample evaluation

- **Sample RCRP evaluation – Humberside Police**

## Tags

Mental health    Response policing