



# Kent and Medway: Reducing prolonged waits and improving the experience of Children and Young People (0-18) in ED

## Background

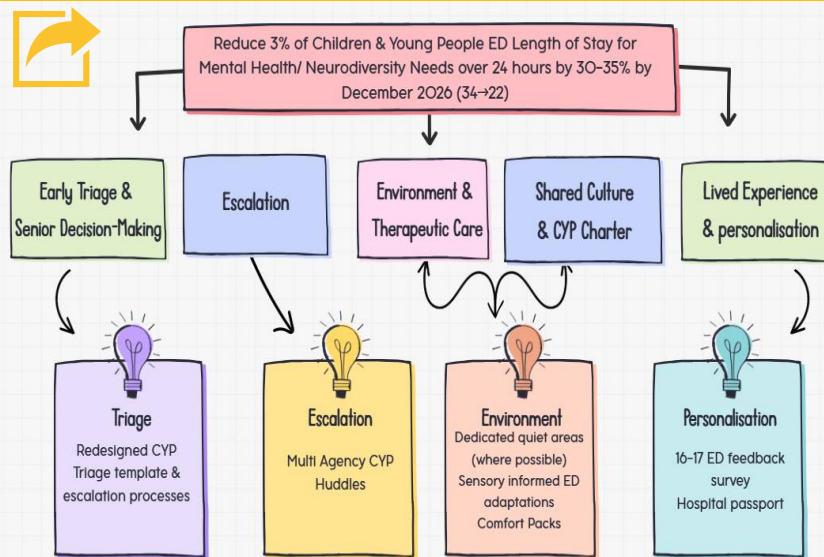
CYP presenting to Emergency Departments with mental health needs often experience **long waits, fragmented pathways & inconsistent support**. These delays increase **distress** for young people & families & place **pressure on the system**. Through the NHS Confederation improvement programme, system partners are applying **QI & human factors principles** to better understand how processes, environments & team interactions influence care.

## Aim & Stakeholders

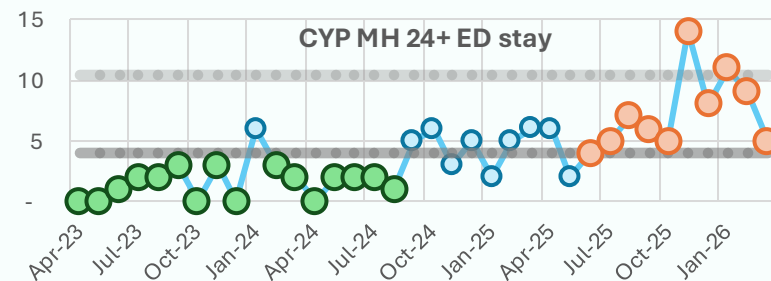
The project aims to **reduce CYP ED stays >24 hours** starting with an **initial reduction of 35% by December 2026**. It brings together partners across acute, community, local authority, ambulance, VCSE & Experts by Experience to strengthen **multi-agency working**, clarify roles & test improvements for **safer, more coordinated crisis pathways**. The work is aligned to **Neighbourhood Health**, recognising the impact of ongoing **NHS and Local Government Reorganisation** on system capacity, pace of delivery & scope to deliver our ambitious ideas.

## General Reflections

- **Data & insight** will show **impact & guide further change**
- **PMO support** has driven **governance, pace & coordination**
- **Experts by Experience** have shaped priorities & approach
- **Organisational boundaries** remain a barrier & need **ongoing cultural & leadership change**
- Ongoing **structural reform** across Health & Social Care has had an impact on **engagement & delivery capacity**
- We are **starting with a modest aim**; as roles & ways of working embed, we aim to **drive down 24+ hour waits** where possible
- Alignment with **neighbourhood delivery & wider system transformation** will be key to **scaling & sustaining impact**



## Measurement



Our **primary outcome measure** is the **reduction in length of stay** for CYP remaining in ED over 24 hours. Baseline data indicates approximately **13%** of CYP attendances remain in ED **over 12 hours** (141 per year) and **3% over 24 hours** (34 per year). Data from ED activity systems and local dashboards is tracked through **run charts** to monitor trends over time, alongside supporting measures including **12 and 24 hour breaches & time to escalation**.

## Intended/outcomes

Partners have developed a **shared understanding** of the **drivers** of prolonged ED stays for CYP in mental health crisis through pathway mapping, data review, and input from **Experts by Experience**. Initial improvement ideas are now being prepared for testing across **triage, escalation, and the care environment**. These changes aim to reduce the proportion of CYP experiencing **>24-hour ED stays** from a baseline of **3%** by **30-35%** (equivalent to a reduction from **34 patients to 22 patients**) by **December 2026**.

## PDSA cycles/testing

We are preparing to test **three changes: a triage prompt tool, a CYP mental health escalation action card & MDT huddle**, and improvements to the **ED environment & therapeutic care** (sensory kits and calm-room guidance). These aim to improve **early risk identification**, strengthen **multi-agency decision-making** & create a more supportive environment for CYP in crisis. Early learning has highlighted challenges in breaking down **organisational boundaries**, requiring sustained **cultural & leadership shifts**.

## Next & sustainability

Progress will be sustained through strong **system leadership**, clear **governance** and continued **PMO support** to maintain **pace, coordination & accountability**. We will embed learning through iterative testing and transition successful interventions into **business-as-usual pathways**. Key sustainability factors include **system ownership**, alignment with **neighbourhood** & wider transformation programmes, **sustainable resource** (including for **co-production**), & **robust data** to evidence impact & **support scale across the system**.

Reduce 3% of Children & Young People ED Length of Stay for Mental Health/ Neurodiversity Needs over 24 hours by 30-35% by December 2026 (34→22)


Early Triage & Senior Decision-Making

Escalation

Environment & Therapeutic Care

Shared Culture & CYP Charter

Lived Experience & personalisation




**Triage**  
Redesigned CYP Triage template & escalation processes



**Escalation**  
Multi Agency CYP Huddles

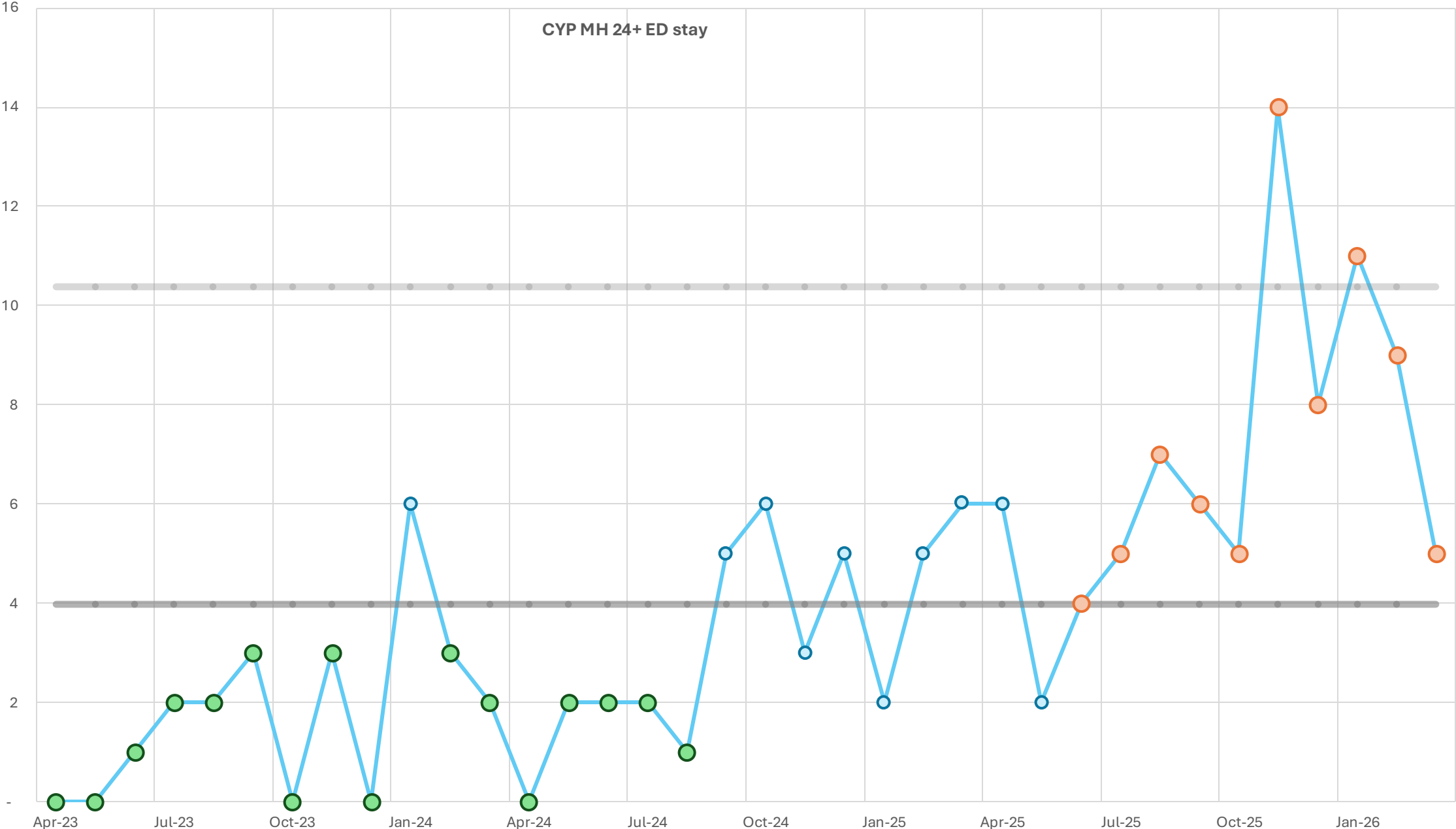


**Environment**  
Dedicated quiet areas (where possible)  
Sensory informed ED adaptations  
Comfort Packs



**Personalisation**  
16-17 ED feedback survey  
Hospital passport

CYP MH 24+ ED stay



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