



Project overview

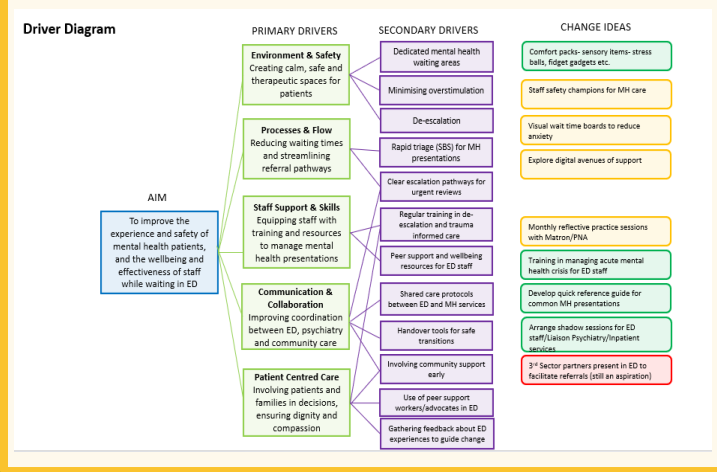
Please ensure this is completed for session 6 and returned to your facilitator and acutenetwork@nhsconfed.org

Project Title

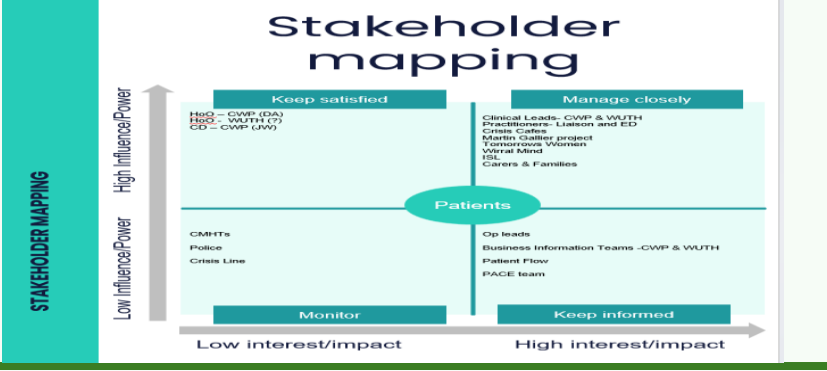
Background

There is an increasing number of patients presenting to ED in mental health crisis. Many experience delays in assessment, decision-making and accessing appropriate care. These delays negatively impact patient safety and experience, increase risk, contribute to overcrowding, and put pressure on acute staff who are uncomfortable managing mental health patients at times.

Driver Diagram



Aim & Stakeholders



General Reflections

Listening to ED Staff: Mental Health Care Improvements

"You Said"

- We need more mental health training
- There's not enough MH support in ED/MHU
- De-escalation and safety could be better
- Communication feels fragmented
- Processes and pathways aren't always clear

"We Did"

- Mental health embedded into training & awareness programmes
- Liaison Psychiatry based in ED/MHU with senior oversight
- Clear de-escalation guidance and improved safety systems
- Stronger MDT collaboration and shared care planning
- Clear SOPs, roles, and parallel assessment pathways

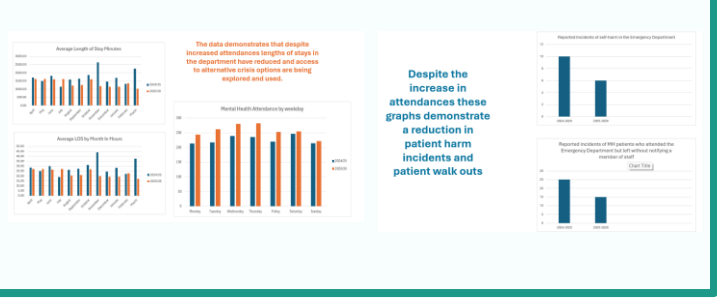
Impact

CONFIDENCE + | SAFETY + | COLLABORATION + | PATIENT EXPERIENCE +

Intended/outcomes

- To improve the experience and safety of mental health patients, and the wellbeing and effectiveness of staff while waiting in ED.
- To provide timely, safe and high-quality care for patients presenting to the ED in mental health crisis through improved coordination, assessment efficiency and staff capability.
- Goals**
- Reduce delays- decrease average wait from triage to assessment by 25% within 12 months
- Improve quality of care- ensure all mental health patients receive an initial assessment within nationally agreed frameworks
- Enhance patient experience- improve satisfaction scores relating to experiences of care by 20% in 12 months
- Support ED staff- increase staff confidence and competence in managing MH presentations through targeted training. This will be evidenced by improved scores on staff survey by 20% in 12 months
- Strengthen collaboration- improve communication and integration between ED and MH liaison teams to streamline handovers and decision making
- Data improvement- enhance accuracy and consistency of shared data between acute and MH trusts to support ongoing data monitoring.

Measurement



PDSA cycles/testing



Next & sustainability

- Our Learning and Next Steps**
- Our Learning**
- To improve data collection between the two Trusts
 - Acute Hospital and Mental Health Trust speak different languages
 - Process has been made easier with Project Support
 - Competing operational and clinical demands have made created a challenge in co-ordinating a collaborative and committed approach.
 - Recognition that the understanding of the data is essential to driving and measuring change
 - We sustained only a small core committed and passionate membership
 - Through the process map we recognised there was a lot of repetition and duplication, and we had the opportunity to streamline these processes.
- Next Steps**
- Maintaining and growing the improvement
 - Supporting the permanent position of role of the Mental Health Matron
 - Development of the shared data dashboard
 - Continuing and developing staff training and further staff surveys (Planned for September 2026)