Mental Health & Acute ED Interface Programme - Dorset

NHS Confederation

GIRFT GETTING IT RIGHT FIRST TIME

Background

- Sustained growth in mental health presentation to the Emergency Department is exceeding current system capacity
- Fragmented pathways and soloed working between ED , Mental Health and inpatient services
- Prolonged waits for assessment, transfer, and appropriate inpatient beds
- Inconsistent management and oversight of informal and detained patients in ED
- Patients experiencing care in inappropriate settings, affecting safety and experience
- Wider impact on non-mental health ED patients and overall patient flow
- Significant workforce impact, including moral injury, wellbeing concerns and sickness absence
- Lack of clear, standardised medical oversight while patients await psychiatric input
- Opportunity to improve integration, continuing of care and whole system performance.

Aim & Stakeholders

Aim
By August 2026, to deliver a safer, faster and more integrated response to mental health presentation in the Emergency Department, reducing avoidable delays, inappropriate care settings and aversive incidents, while improving experience, staff wellbeing and system learning across ED and Mental Health services.

Stakeholders
University Hospitals Dorset (UHD) – Emergency Department clinical, nursing and leadership teams
Dorset Healthcare (DHC) – High Acuity Mental health, Psychiatric Liaison and Crisis Services
Business, Quality & Project Support Teams – Supporting delivery, governance, and evaluation across both Trusts
People with Lived Experience – Representation via the Dorset Mental health Forum, shaping improvement through co-production.

Measurement

Quality & Safety Assurance
- Joint uptake of APEx (Acute Psychiatric Emergencies) training across UHD and DHC, embedded within ED training and induction
- Standardised ED restraint checklist with pre-and post-training audit of restrictive and chemical restraint practice

Experience, flow & Oversight
- Patient walk-through to test safety, dignity, and end-to-end flow
- Broadened patient experience intelligence, supplementing surveys with qualitative insights

System Performance & Learning
- Improved accuracy and alignment of mental health activity data across ED and Mental Health services
- Routine sharing of learning and trend analysis to identify risk, variation, and opportunities for pathway improvement
- Workforce feedback used as an indicator of sustainability and system resilience

Driver Diagram

AIM STATEMENT	PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
GOAL By August 2026, we aim to enhance the overall experience of patients, carers, and staff in the Emergency Department (ED) during mental health presentations. **AIM** This will be achieved by reducing delays in accessing appropriate clinical environments and avoiding unnecessary waits in the ED or acute general hospital settings. The initiative will improve access to crisis care, leading to a reduction in aversive incidents; including restraint, aggression, self-harm, and absconding, as well as mitigating moral injury among staff. We will also strengthen experiential feedback and data collection across the service to inform and advance clinical practice in a meaningful, evidence-led way.	**Patient Flow** Improved timely access to the right care in the right setting, avoiding unnecessary ED attendance and reduced inappropriate admissions (physical A&E attendance where only necessary). This may reduce unnecessary waits in the ED or acute general hospital settings. Deliver transparent and well communicated Mental Health pathways, improving signposting for patients/carers; enable clinicians to direct patients to appropriate alternatives. Promote alternatives to ED for those in mental health crisis (e.g. Access Mental Health (crisis and specialist services) consideration of statutory and non-statutory options.	Improving patient access to alternatives to ED attendance for Crisis Mental Health Care, utilising community-based crisis support, or mental health services aligned to their level of need.	Attend services Engage with Secondary Mental Health Services e.g. CMHT to explain challenges in ED (wait times, why it is unsuitable environment)? To inform wellbeing planning with patients and ensure that realistic expectations are shared for people that do attend ED.
		Improve patient experience, incorporating trauma informed approaches to care. Reduce length of waits in the ED. Ensuring flow protocols around admission to mental health beds are embedded and clear escalation protocols are in place. Ensure adherence to Side-by-Side Guidance.	To promote understanding of Mental health services and alternatives to ED. Improve Joint Comms Pan Dorset with shared messaging across providers and planning such as during Winter planning. To improve comms around DHC Peri Hospital model and associated flow and escalation pathways. To continue to embed and seek opportunities to enhance co-streaming and triage of mental health patients in ED.
	Patient Centred Care The current concern is that there are many adverse incidents in ED relating to Mental Health patients and the wider hospital. Trauma Informed care and reducing restrictive practice.	To understand the details and review the data of incidents over the past year. Reduced trauma impact for both staff and patients. Improve the understanding and embed the principles of no force first and reducing restrictive practice.	Review the existing training offer to the ED team and review unmet needs. Include all patient facing staff, considering training needs of non-clinical staff such as reception, security and porters. Formal staff debrief. Structured sessions (group supervision) to talk about impact of complex cases and situations in the ED (open to all staff). Review specific training options e.g. APEX training – organising training for de-escalation. Consider train the trainer options for disseminating training. MDT training for everyone who might be involved with managing in an incident.
		Aligning with the patient flow drivers around patient awareness and understanding of alternatives to ED. Improve staff / team morale & experience and individual staff wellbeing reducing overall impact of stress.	Bespoke training has been delivered with Paediatric / CAMHS ED Teams. Consider effectiveness and if there is any transferable learning. Rapid Tranquillisation guidance finalisation and roll out to embed. Co-streaming - Side By Side document ED Survey – Wards on aggression scheme. Details are being collated from Ward Staff including staff morale, sickness, injury at work. Supporting carers to finding appropriate alternatives to ED during crisis. Any workstream with Carers leads to develop this area. MHRV with supporting services with seeking alternatives to ED for people.
	Collaboration Gathering experiential feedback and data collection across the service	To improve patient experience Reducing diagnostic shadowing.	Side by Side – Holistic Care, encompassing of Physical and Mental health care. Gathering feedback in data collection across the service Who can help with this?
		Partnership working between Acute Hospitals and Mental health hospitals. Collaboration of shared communication across the hospitals and wider partner agencies. Sharing data to inform any learning and to support this programme.	Peer Specialist / Lived experience of clinical expertise, MH Forum to be involved as part of the wider workstream.

PDSA cycles/testing

1. APEx – Aligned Safety and Restraint Practice
Test: Embed APEx principles into ED practice and restrain processes
Process: Reduce aversive incidents (restraint, aggression, self-harm, absconding)
Learning Focus: Safety outcomes, compliance, consistency of clinical oversight.

2. Liaison Psychiatry (LPS) Presence in ED Huddles (Quick Win)
Test: Joint attendance of LPS staff at ED safety/flow huddles
Purpose: Provide real-time psychiatric expertise, support decision-making, and enable early escalation of complex cases
Learning Focus: impact on timely escalation, patient flow, staff confidence and avoidance of deterioration.

3. Patient Experience Intelligence
Test: Broaden experience capture beyond surveys to include patient walk-throughs and qualitative insights
Purpose: Strengthen understanding of safety, dignity and appropriateness of care.
Learning Focus: Experience themes informing service improvement

4. Data Alignment and System Learning
Test: Align ED and Mental health activity data with shared trend review
Purpose: Improve oversight, identify risk and unwarranted variation
Learning Focus: Data accuracy, shared insight, actionable system learning.

Intended/outcomes

- **Timely, appropriate care** – Patients received the right mental health care in the right setting, reducing unnecessary waits in ED and acute hospitals.
- **Clear and trusted pathways** – Transparent, well-communicated ED-Mental health pathways support consistent decision-making and escalation.
- **Reduced harm and improved safety** – measurable reductions in aversive incidents, including restraint, aggression, self-harm and absconding.
- **Stronger workforce sustainability** – Improved staff safety, confidence, and morale with reduced moral injury.
- **Improved experience and equity** – More dignified, consistent and equitable patient and carer experience, informed by robust experience and data insight.

General Reflections

- **Information governance dependency** – Information governance arrangement were not in place at programme outset, delaying alignment of ED and Mental health activity date. Early IG engagement has been identified as critical for future system-wide workstreams.
- **System pressure and capacity constraints** – Significant operational pressures and limited protected time impacted pace of delivery and progress between meetings. Competing priorities reduced traction between sessions, highlighting the need to explicitly plan around system capacity.
- **Sustainability and ownership risks** – staff turnover without consistent handover resulted in loss of continuity at key points. At times, progress was overly reliant on individual clinical roles rather then being embedded across the wider ED and Mental Health system.
- **Variable engagement and buy-in** – Engagement occasionally felt one-sided, with momentum dependent on availability within one part of the system. This reinforced the importance of shared ownership and clear accountability from the onset.
- **Programme planning and timelines** – Agreed timelines were not consistently met, reflecting the impact of operational demand and competing organizational priorities. Future programmes would benefit from phased delivery, clearer milestones and flexibility built into planning assumptions.

Next & sustainability

- **Embedding patient voice through co-production** – Expansion of patient experience capture beyond surveys, using peer-led, relational conversations recorded via a new free-text feedback mechanism.
- **Clear governance and feedback loops** – Patient experience themes reviewed regularly by Liaison Services and Dorset Mental Health Forum, with learning escalated to leadership and acute mental health steering groups and fed back to peers.
- **Strengthening safety and restraint oversight** – Finalisation of a one-page restraint checklist, targeted ED training on restrictive and chemical restraint, and re-auditing using existing data.
- **Ongoing system learning and improvement** – Patient walk-throughs, restraint review meetings, and peer involvement across acute and mental health settings to inform continuous improvement.
- **Sustainable foundations for delivery** – Processes now established to embed lived experience, strengthen collaboration, and support continued improvement beyond the programme timeframe.

This programme has started to create a strong platform for lasting, system-wide improvement and sustained leadership and shared ownership will be essential to maintain momentum and delivering meaningful benefit for patients, carers, and staff.

AIM STATEMENT	PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
GOAL By August 2026, we aim to enhance the overall experience of patients, carers, and staff in the Emergency Department (ED) during mental health presentations. **AIM** This will be achieved by reducing delays in accessing appropriate clinical environments and avoiding unnecessary waits in the ED or acute general hospital settings. The initiative will improve access to crisis care, leading to a reduction in aversive incidents; including restraint, aggression, self-harm, and absconding, as well as mitigating moral injury among staff. We will also strengthen experiential feedback and data collection across the service to inform and advance clinical practice in a meaningful, evidence-led way.	**Patient Flow** Improved timely access to the right care in the right setting, avoiding unnecessary ED attendance and reduced inappropriate admissions (physical A&E attendance where only necessary). This may reduce unnecessary waits in the ED or acute general hospital settings. Deliver transparent and well communicated Mental Health pathways, improving signposting for patients/carers; enable clinicians to direct patients to appropriate alternatives. Promote alternatives to ED for those in mental health crisis e.g. Access Mental Health (crisis and specialist services) consideration of statutory and non-statutory options.	Improving patient access to alternatives to ED attendance for Crisis Mental Health Care, utilising community-based crisis support, or mental health services aligned to their level of need.	Attend services Engage with Secondary Mental Health Services e.g. CMHT to explain challenges in ED (wait times, why it is unsuitable environment)? To inform wellbeing planning with patients and ensure that realistic expectations are shared for people that do attend ED.
		Improve patient experience, incorporating trauma informed approaches to care. Reduce length of waits in the ED. Ensuring flow protocols around admission to mental health beds are embedded and clear escalation protocols are in place. Ensure adherence to Side-by-Side Guidance.	To promote understanding of Mental health services and alternatives to ED. Improve Joint Comms Pan Dorset with shared messaging across providers and planning such as during Winter planning. To improve comms around DHC Peri Hospital model and associated flow and escalation pathways. To continue to embed and seek opportunities to enhance co-streaming and triage of mental health patients in ED.
	Patient Centred Care The current concern is that there are many adverse incidents in ED relating to Mental Health patients and the wider hospital. Trauma Informed care and reducing restrictive practice.	To understand the details and review the data of incidents over the past year. Reduced trauma impact for both staff and patients. Improve the understanding and embed the principles of no force first and reducing restrictive practice.	Review the existing training offer to the ED team and review unmet needs. Include all patient facing staff, considering training needs of non-clinical staff such as reception, security and porters. Formal staff debrief. Structured sessions (group supervision) to talk about impact of complex cases and situations in the ED (open to all staff). Review specific training options e.g. APEX training – organising training for de-escalation. Consider train the trainer options for disseminating training. MDT training for everyone who might be involved with managing in an incident.
		Aligning with the patient flow drivers around patient awareness and understanding of alternatives to ED. Improve staff / team morale & experience and individual staff wellbeing reducing overall impact of stress.	Bespoke training has been delivered with Paediatric / CAMHS ED Teams. Consider effectiveness and if there is any transferable learning. Rapid Tranquillisation guidance finalisation and roll out to embed. Co-streaming - Side By Side document ED Survey – Wards on aggression scheme. Details are being collated from Ward Staff including staff morale, sickness, injury at work. Supporting carers to finding appropriate alternatives to ED during crisis. Any workstream with Carers leads to develop this area. MHRV with supporting services with seeking alternatives to ED for people.
	Collaboration Gathering experiential feedback and data collection across the service	To improve patient experience Reducing diagnostic shadowing.	Side by Side – Holistic Care, encompassing of Physical and Mental health care. Gathering feedback in data collection across the service Who can help with this?
		Partnership working between Acute Hospitals and Mental health hospitals. Collaboration of shared communication across the hospitals and wider partner agencies. Sharing data to inform any learning and to support this programme.	Peer Specialist / Lived experience of clinical expertise, MH Forum to be involved as part of the wider workstream.

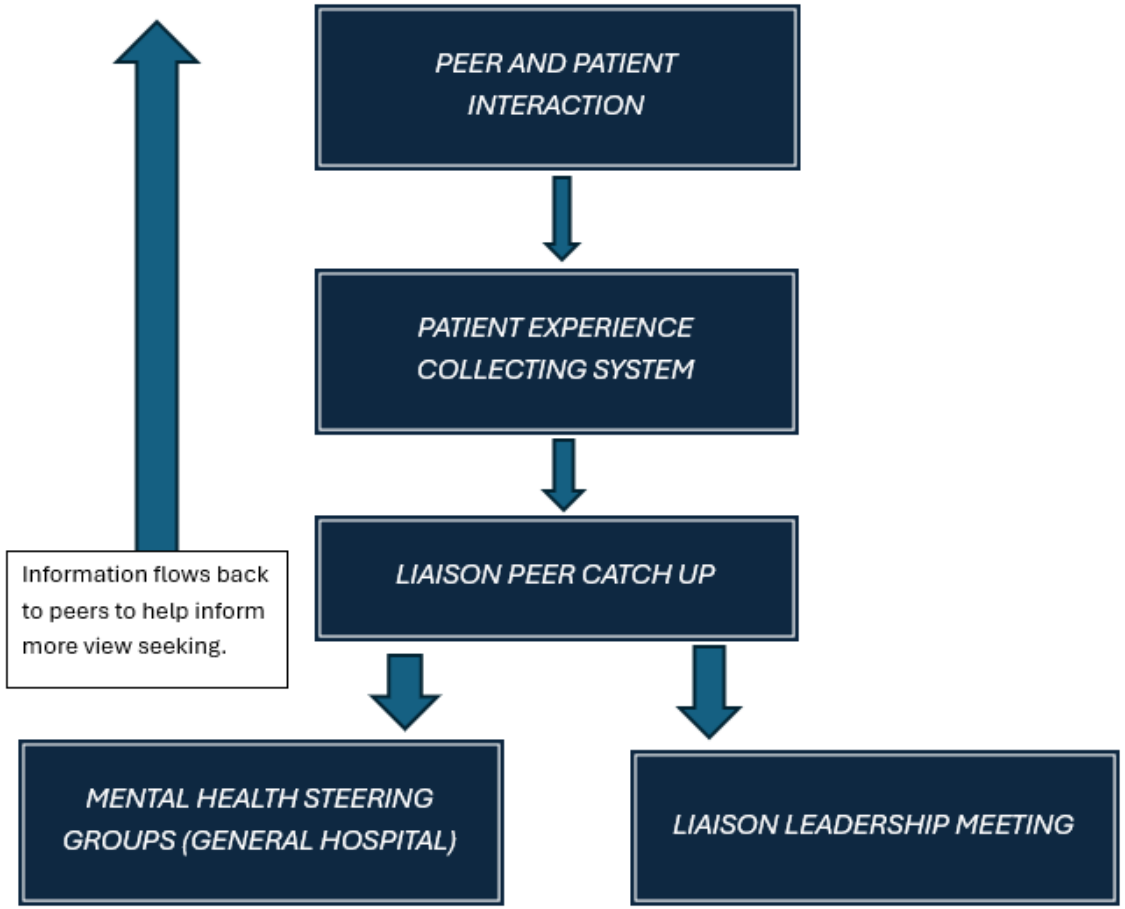
Appendices – Dorset

Sustainability Statement

Strengthening and using patient experience has been a core focus for both University Hospitals Dorset (UHD) and Dorset Healthcare (DHC).

This approach embeds patient voice into routine operational and governance processes through peer-led engagement, ensuring experiential insight consistently informs decision-making across mental health and acute hospital systems. By integrating feedback into existing structures rather than time-limited initiatives, patient experience becomes a sustainable driver of quality improvement, safety and system learning.

The combination of patient data with people's experiences will help us understand how we can improve in those areas far better than looking at each on its own.



Appendix 2: ED Staff Morale Questionnaire Responses