

Developing your project aim

Overall problem/area issue:	Pt Flow through ED, taking into account that some challenges may vary.
Your purpose in wanting to improve this (WHY):	• Patient safety, • Better patient and staff experience, • More appropriate pathways may be available • The performance challenges • Equality of service access between mental and physical healthcare – Bring them into alignment with the integrated pathways i.e. stroke. • Restore confidence in the services we are providing. • Taking forward feedback and outcomes of recent audits. • Impact on staff wellbeing and other elements.
Your proposed SMART aim statement:	Aim To reduce mental health emergency department ED breaches in Surrey by improving the access to appropriate services for patients who regularly attend Surrey Heartlands acute hospitals with significant mental health needs . Project Objectives To prevent admission of known patients that breach in ED by: • Being led by quality improvement to improve patient experience and reduce waste • By using (Lightfoot) data insights and a PHM approach (supported by IG) to identify patients who attend ED or outpatients for mental health or non-mental health conditions and have breached 12 hours • To review the pathway supported by clinical audit and the patient voice to wrap care around patients in a care coordinated way and MDT approach to admission prevention. • Work alongside people who have lived experience to pursue pathways with achieve the best outcomes Redirect known ED presentations with a history of breaching who attend ED by: • Utilisation of pathways that provide the most appropriate support. • Sharing appropriate information (within IG guidelines) to ensure the patient voice is heard once and duplication and waste is prevented (for example sharing appropriate complex care plans with- SECAMB and Social Care) • Establish an efficient, digitised process for the escalation of breaches. • Increase the number of patients who receive swift mental health screening and effective diversion in ED. • Improve alignment between the trusts regarding the admission of mental health patients, definitions and the recording of mental health in acute settings
What further scoping or tools will you use to understand the problem further:	Lightfoot data – ED attendances, breaches and high intensity users Audit of SASH patients
What scale are you operating at within the system? (mico, meso or macro) and list the areas involved in your project	The project is operating across the whole system, during a time of change to ICS Places, wider system bounbries (merger with Sussex and incorporating the Surrey Elements of Frimley). At the same time, the local authorities are going through local government re-organisation. The project directly involves: - The five acute trusts across Surrey, - Surrey County Council, - SECAMB, - Surrey and Borders Partnership

Project Charter

A simple one pager to help define your project

Problem Statement (what is the current problem & why does it need to be improved?)		Outcomes (what do you intend to achieve from this project, what are the outcomes? What will it improve? How will things be better? Evidence your outcomes)	
There are a high number of mental health emergency department ED attendances and breaches in Surrey. This means that a high number of people in Surrey are not accessing the support they need in a timely manner. The high number of attendances from the top high-frequency attenders is also an unnecessarily high cost to the system.		- Patients feel better supported in a coordinated way which enables seamless care, supports left shift and prevents potentially inappropriate admissions in a holistic way - Reduction in identified mental health high intensity attendances at ED and reduced risk of potential ED breaches - Improvement in patient experience reflected in satisfaction surveys. - Improvement in staff satisfaction, reflected in feedback.	
In Scope (what will be covered by the project)	Out of Scope (what will not be covered by the project)		
The five acute hospitals within Surrey and SaBP psychiatric liaison and Crisis pathways.	South-West London and Sussex, but they will need to be kept informed as 2 of the 5 hospitals have connections to their systems. CYP elements of pathways		
Quality Impact (How will the project improve patient: experience, safety, outcomes, care, services or reduce risk/harm to patients?)		Measurements (What data both qualitative and quantitative can you collect to show an improvement has been made?)	
		Description of Measure	Baselines (what are they currently at prior to the project?) 2024/24
Experience: ED Mental Health attendances often result in long wait times and a negative experience for the patient. The project aims to improve access to services which are more suitable for mental health patients, therefore improving their experience of health and care services.		1. ED Mental Health Breaches (12, 24, and 48 hour)	1. 12hr 1671 24hr 771 48hr 358
Outcomes: We aim to improve access to health and care services which are more suitable than ED for people with mental health needs. Receiving the most suitable care will improve the outcomes for those patients.		2. MH ED & ED Attendances of the top 22 HIUs	2. MH ED attendances: 18pcm ED attendances: 54pcm
Care: The high intensity service users will receive personalised, MDT care plan to ensure they receive the care they need		3. DIALOG+ (TBC) (outcome measure and experience measure)	3. To be gathered during first assessment
Services: Learnings from the project will be shared across the services and embedded throughout Surrey			3. Increase average score by 20%
Safety and Reduce risk/harm – avoiding unnecessary visits to ED, ED is not the most secure or safe place for a person in Mental Health Crisis.			
Team (Who is your project team involved in the project?)		What are your key milestones	
5 Acute Hospitals ED staff, MH leaders and Senior leaders psychiatric liaison leaders, MH Crisis Services Senior Leaders Surrey CC Pt. Flow Leader PMO Support, Co-Production Leaders, Patient Safety Advisors, BI SME's,		Data collation complete Detailed plan with milestones Prepare the possible solution Take a test and learn approach with each element Take forward the learning Apply the learning Project closure	

Stakeholder mapping

STAKEHOLDER MAPPING

High Power	Satisfied People who have a high power of influence over the project, but they just need to be kept satisfied with what is happening	Manage People who have a high power of influence over the project who should be fully engaged through communication and consultation
Low Power	Monitor People who have low power that could be ignored if time and resources are stretched	Inform People who have a low level of influence, but it is helpful to keep them informed
	Low interest/impact	High interest/impact

Stakeholder Name	Job role details	Impact (High or low?)	Influence (High or low power?)	How could they contribute to the project?	How could they block the project?
SaSH COO		High	High	Lead	Yes
Royal Surrey & Ashford and St Peters COO		High	High	Lead	Yes
Epsom COO		High	High	Lead	Yes
Frimley Health COO		High	High	Lead	Yes
SaBP Chief Nurse		High	High	Exec Sponser	Yes
Patients and Carers		High	High	Co-Production of the solutions and listening	Yes – They could refuse to support changes
Acute Trust Staff		Medium	Medium	Co-Production of the solutions and listening	Yes – They could refuse to support changes
SaBP Frontline Staff		Medium	Medium	Co-Production of the solutions and listening	Yes – They could refuse to support changes
ICB Colleagues		High	Medium	Co-Production of the solutions and listening	Yes – They could refuse to support changes
SEACAmb colleagues		High	High	Co-Production of the solutions and listening	Yes – They could refuse to support changes

5Ps



- This approach involves building the self-awareness of the team members working within a system.
- It helps you develop an understanding of the systems, processes and patterns that connect them
- The five Ps framework is used to describe the key components of the work of a microsystem and is used to guide investigations into areas of work, leading to the identification of improvement needs.
- The five Ps are:
 1. **Purpose:** a clear, agreed and shared understanding of the fundamental aim of the team's work
 2. **People:** the views, attitudes and experiences of the staff working within the microsystem
 3. **Patients:** the characteristics, needs and views of the patients subject to the care of the microsystem
 4. **Processes:** the routines and procedures for undertaking the work of the microsystem
 5. **Patterns:** Data providing insight into the performance of the microsystem.

Purpose:	To reduce mental health emergency department ED breaches in Surrey by improving the access to, and experience of, patients who attend Surrey Heartlands acute hospitals with significant mental health needs.
People:	- Ashford and St Peters - Royal Surrey, - East Surrey / Surrey and Sussex Healthcare - Frimley Park, - Epsom General Hospital, - Surrey and Borders Partnership, - SECamb - Surrey County Council
Patients:	- We have identified 25 MH high intensity users of ED, which we will focus our efforts on completing a clinical audit of to better understand patient journeys. - We additionally have a patient co-production group of 27 current or previous patients created specifically for this project to check our learning from the audits and create the solutions with to progress the project.
Processes:	- Community MH Support Plans, - ED triage - Pt Escalation processes, - Coordination of MH High Intensity ED Attenders. - Undertaking a focused work with SECamb to ensure their crews contact our MH Single Point of Access and discuss patients and their needs ahead of making a decision to convey then in case a MH community team can be sent out to support the Pt within the community.
Patterns:	- Data has revealed several possible patterns to analysis further, including . 74% of Mental Health Patients that remain in ED for 12 hours or more are known to Community MH Services. 50% of Mental Health ED attenders are transported to Hospital via Ambulance There are 399 high intensity user

Measurement Template

Being clear on who will collect what, when and how

MEASUREMENT TEMPLATE

Measure Definition What is the data you want to collect – define it	Type of measure Outcome Process Balancing Which one is it?	Concept Why Measure it?	Frequency How often will it be collected? Will it be all occurrences, a sample or snapshot?	Data Collection How will the data be collected? Is there a system? Will it be done manually?	Person Who will be the person responsible for collecting it?
Number of Mental Health ED attenders	Outcome	To see if the project has reduced the number of MH ED attenders month on Month	Report provided once for the whole of 2024/2025 as a baseline and then Monthly going forward. Baseline will be the 2024/2025 data	Acute BI leads	
MH patient length of stay within ED.	Outcome	The improvements should reduce the length of stay within the department	This data will be collected monthly by the Acute trust and SaBP. Baseline will be the 2024/2025 data	Acute BI leads	
Patient feedback	Outcome	Due to the changes, we should start to see an improvement to the patient experience, reflected within feedback received.	This data will be collected monthly to build into project team meetings as valuable insight to inform decision making.	Mind and Body Programme team initially and then passed to the acute trusts patient experience teams for sustainable collation and responses.	

Reflecting on Biases

Which ones do you witness? Which ones do you have?

REFLECTING ON BIASES

AUTHORITY BIAS The tendency to attribute greater accuracy to the opinion of an authority figure and be more influenced by that opinion	BANDWAGON EFFECT The tendency to do (or believe) things because many other people do (or believe) the same.	CONFIRMATION BIAS The tendency to search for, interpret, focus on and remember information in a way that confirms one's preconceptions.
EMPATHY GAP The tendency to underestimate the influence or strength of feelings, in either oneself or others.	FOCUSING EFFECT The tendency to place too much emphasis on one aspect of an event.	ILLUSORY CORRELATION Inaccurately perceiving a relationship between two unrelated events.
MERE EXPOSURE EFFECT The tendency to express undue liking for things merely because of familiarity with them	IKEA EFFECT Place a disproportionately high value on objects that they partially assembled themselves - regardless of end quality	SOCIAL COMPARISON BIAS The tendency, when making decisions, to favour people who don't compete with one's own particular strengths.

Which ones do I witness?	Across the system there are traits displayed which can be linked to all of the above.
Which ones do I display?	Empathy Gap and Mere Exposure Effect.
How will I recognize or challenge them?	Ensure that within the project team we create an open supportive culture so that those within it can challenge personal opinions and any views that could be linked to biases.