Project Aim

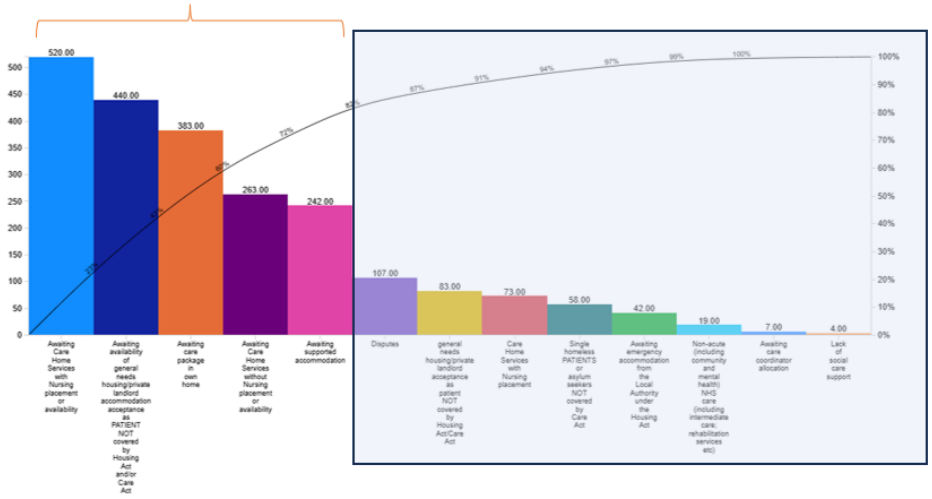
Mental health patients presenting to emergency departments (ED) often require urgent specialist interventio9n. However, delays in accessing mental health inpatient beds frequently breach the 12 hour performance standard and leads in poor experiences for the patient, families and staff caring for them. This is primarily due to:

Occupancy of MH beds by patients who are clinically ready for discharge (CRFD) but cannot be transferred due to insufficient housing or specialist placement options

The ability of step-down support from community services particularly for children and young people (CYP)

All areas 1st April 2023 and 31st March 2024

Critical Few - *identified opportunities for improvement but that require more understanding.*



Delay Reason	Sum of Days Delay	%GT Sum of Days Delay
Awaiting Care Home Services with Nursing placement or availability	520	23.20%
Awaiting availability of general needs housing/private landlord accommodation acceptance as PATIENT NOT covered by Housing Act and/or Care Act	440	19.63%
Awaiting care package in own home	383	17.09%
Awaiting Care Home Services without Nursing placement or availability	263	11.74%
Awaiting supported accommodation	242	10.80%
Disputes	107	4.77%
general needs housing/private landlord acceptance as patient NOT covered by Housing Act/Care Act	83	3.70%
Care Home Services with Nursing placement	73	3.26%
Single homeless PATIENTS or asylum seekers NOT covered by Care Act	58	2.59%
Awaiting emergency accommodation from the Local Authority under the Housing Act	42	1.87%
Non-acute (including community and mental health) NHS care (including intermediate care; rehabilitation services etc)	19	0.85%
Awaiting care coordinator allocation	7	0.31%
Lack of social care support	4	0.18%

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	Sum of Sum of Days Delay				% Column Total Days Delay				Total Sum of Sum of Days
	Barnsley	Calderdale	Kirklees	Wakefield	Barnsley	Calderdale	Kirklees	Wakefield	
Awaiting availability of general needs housing/private landlord accommodation acceptance as PATIENT NOT covered by Housing Act and/or Care Act	191	43	107	99	32%	12%	48%	9%	440
Awaiting care coordinator allocation			7		0%	0%	3%	0%	7
Awaiting care package in own home	160	96		127	27%	26%	0%	12%	383
Awaiting emergency accommodation from the Local Authority under the Housing Act		28		14	0%	8%	0%	1%	42
Awaiting supported accommodation	36		30	176	6%	0%	13%	17%	242
Awaiting Care Home Services with Nursing placement or availability	180	85		255	30%	23%	0%	24%	520
Awaiting Care Home Services without Nursing placement or availability		90		173	0%	24%	0%	17%	263
Care Home Services with Nursing placement				73	0%	0%	0%	7%	73
Disputes	26			81	4%	0%	0%	8%	107
general needs housing/private landlord acceptance as patient NOT covered by Housing Act/Care Act			34	49	0%	0%	15%	5%	83
Lack of social care support	4				1%	0%	0%	0%	4
Non-acute (including community and mental health) NHS care (including intermediate care; rehabilitation services etc)			19		0%	0%	8%	0%	19
Single homeless PATIENTS or asylum seekers NOT covered by Care Act		30	28		0%	8%	12%	0%	58
Grand Total	597	372	225	1047	100%	100%	100%	100%	2241

Creating a bottleneck effect, leading to prolonged ED stays, poor patient experience, and increased system risk

Your purpose in wanting to improve this (WHY):	To ensure that MH patients receive the right care in the right place at the right time. The patient experience is improved by reducing the wait time between assessment and the next stage of care and enabling timely access to inpatient care when needed. The wider system benefits from improved flow and resource utilisation
Your proposed SMART aim statement:	Reduce the length of time that patient's wait in ED for admission to a mental health bed by 10% in 6 months in MYHT and CHFT from point of assessment Measure reduction of 12 hour breaches where a mental health bed was the delaying factor Decrease the number of bed days lost to delayed discharge by 10%, through improved discharge pathway and accommodation options. Improve the MADE meetings with SMART actions and escalations Review pathways such as alternative to admissions or attendance to ED

Project Aim

What further scoping or tools will you use to understand the problem further:	All acute West Yorkshire hospitals within ICS Adult patients presenting to ED with MH needs Discharge planning process, and pathways Inpatient improvement and care closer to home programme Collaborative work with wider partners for on wards placements Understanding CYP/family experience and journey to inform change in practices to support during ED admission Understanding the challenges faced by WY provider collaborative that impacts delay in admission to RKV or out-of-area CYP community services to support step down from ED and Inpatient to reduce length of stay and delayed discharges The Systems Flow Programme: A Journey of Innovation and Collaboration - Quality Improvement - ELFT https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2016/12/rig-red-green-bed-days.pdf Project-to-improve-flow-through-mental-health-inpatient-services-Red2Green.pdf
What scale are you operating at within the system? (mico, meso or macro) and list the areas involved in your project	SWYT and Acute ED's within Huddersfield, Pinderfields and Calderdale Local Authorities within Wakefield, Kirklees and CAlderdale The West Yorkshire ICB, specifically Wakefield, Kirklees and Calderdale place WY Provider Collaborative