

# Mental Health and Acute ED Interface Improvement Collaborative:

Session 4: Testing out new ideas

26th November 2025



**CPD**  
**CERTIFIED**  
The CPD Certification  
Service

**Mental Health Improvement  
Support Team**

Improving mental health care through hands-on,  
multi-specialist support to systems

# Welcome to the collaborative

## House keeping



## Our aim

To help support partnership working across acute and mental health services to *start to* improve cross system working by supporting practical, real-time testing of improvement ideas across these boundaries.

## Expectations

### For us






- We are facilitators supporting your learning
- Support culture, improvement & connections
- Keep teams on track & ask curious questions

### For you

- You are the experts with the answers
- Listen, reflect and contribute
- What you put in is what you get out: be committed

# Today's agenda

Time	Item	Owner
13:00 – 13:15pm (15 mins)	Welcome and recap	Emma Fulton / Alex Stewart / Rebecca Gray
13:15 – 13:30pm (15 mins)	Ambassadors updates / team discussion – sharing progress and highlights	Ian / Mary / Mark
13:30 - 14:30pm (60 mins)	Best practice sessions – Two rounds (30 mins each)	All
14:30 – 14:40pm (10 mins)	BREAK	
14:40 – 15:00pm (20 mins)	Share your progress and post course actions (improvement ideas identified throughout patient journey & prioritised ideas to start testing – from session 3)	Buddy teams
15:00 - 15:20pm (20 mins)	Model for improvement - testing ideas	Emma Fulton / Caroline Attard
15:20 - 15:45pm (25 mins)	Reflections/activity in interface teams	Alex S
15:45 – 15:50pm (5 mins)	UEC Action Cards	Louise
15:50pm – 16:00pm (10 mins)	Next steps and close	Alex S / Emma F

<p><b>Session 1:</b> 21st May 2025, 10-12:30pm</p> <p><b>Understanding the problem</b></p> 	<p><b>Session 2:</b> 23rd July 2025, 1:30-4pm</p> <p><b>Measurement, and scoping out ideas</b></p> 	<p><b>Session 3:</b> 24th Sept 2025, 9:30-12:30pm</p> <p><b>Human factors and behavioural change</b></p> 	<p><b>Session 4:</b> 26th Nov 2025, 1-4pm</p> <p><b>Testing out improvement ideas</b></p> 	<p><b>Session 5:</b> 28th Jan 2026, 9:30-12:30pm</p> <p><b>On-going testing &amp; sustainability</b></p> 	<p><b>Session 6:</b> 29th Apr 2026, 1-4pm</p> <p><b>Recognition, spread &amp; sharing</b></p> 
<ul style="list-style-type: none"> <li>Defining your aim, purpose and “why”</li> <li>Tools to use to scope out problem further</li> <li>How to evidence the problem</li> <li>Who needs to be involved – stakeholders</li> <li>Patient first focus – not just targets, patients lives and experience</li> <li>Addressing Mental Health Stigma</li> </ul>	<ul style="list-style-type: none"> <li>Measurement for improvement</li> <li>Data collection</li> <li>Understanding and presenting data</li> <li>Driver diagram</li> <li>Tools to identify change ideas</li> <li>Examples of change ideas</li> <li>Understanding unintended consequences along the pathway</li> </ul>	<ul style="list-style-type: none"> <li>Applying leadership principles to improve collaboration</li> <li>Leadership &amp; delivering successful change</li> <li>Strategies for shifting mindsets and fostering adaptability</li> <li>Strategies for improving the interface</li> <li>Addressing mental health stigma</li> </ul>	<ul style="list-style-type: none"> <li>Small scale testing</li> <li>Improvement models</li> <li>Plan-Do-Study-Act</li> <li>Ongoing measurement</li> </ul>	<ul style="list-style-type: none"> <li>Change ideas evaluation</li> <li>Reflections and learning</li> <li>Sustainability factors</li> <li>Ongoing innovations and data for improvement</li> </ul>	<ul style="list-style-type: none"> <li>Recognition of your progress – sharing learning</li> <li>Critical reflection and analysis</li> <li>Creating your spread plan</li> <li>Revisit sustainability factors</li> </ul>
<p><b>Action learning period 1:</b></p> <p>Scope out your problem in your local setting</p> <p><i><b>Webinar 1: Understanding Health Inequalities</b></i> <i><b>18th June 2025, 11-12:30pm</b></i></p>	<p><b>Action learning period 2:</b></p> <p>Understand your data and gather as many change ideas as possible</p> <p><i><b>Buddy team check-in</b></i></p>	<p><b>Action learning period 3:</b></p> <p>Discuss, share and learn about how behaviours are key to making change stick</p> <p><i><b>Webinar 2: Leading through change</b></i> <i><b>22nd Oct 2025, 11-12:30pm</b></i></p>	<p><b>Action learning period 4:</b></p> <p>Test out ideas in practice and experiment changes</p> <p><i><b>Buddy team check-in</b></i></p>	<p><b>Action learning period 5:</b></p> <p>Continue to test and understand your assurance systems</p> <p><i><b>Webinar 3: People's Choice</b></i> <i><b>25th Mar 2026, 11-12:30pm</b></i></p>	<p><b>Action learning period 6:</b></p> <p>Commit to the on-going journey and how to spread wider</p> <p><i><b>Celebration event</b></i></p>

# Team profiles

<b>Team 1: Swindon, South West</b> - <i>Great Western Hospitals NHS Foundation Trust and Avon and Wiltshire Mental Health Partnership NHS Trust</i>	<b>Team 2: Bedfordshire, East of England</b> - <i>Bedfordshire Hospitals NHS Foundation Trust and East London NHS FT</i>
<b>Team 3: Berkshire, South East</b> - <i>Royal Berkshire NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust</i>	<b>Team 4: Birmingham - West Midlands</b> - <i>Birmingham Women's and Children's NHS Foundation Trust and Birmingham Community Healthcare NHS Foundation Trust</i>
<b>Team 5: Cheshire and Wirral – North West</b> - <i>Arrowe Park Hospital NHS Trust and Cheshire and Wirral Partnership NHS FT</i>	<b>Team 6: Dorset, South West</b> - <i>University Hospitals Dorset NHS Foundation Trust and Dorset HealthCare NHS Foundation Trust</i>
<b>Team 7: Essex – East of England</b> - <i>East Suffolk and North Essex NHS Foundation Trust and Essex Partnership NHS Foundation Trust</i>	<b>Team 8: London</b> - <i>Guys and St Thomas NHS Foundation Trust and South London and Maudsley NHS Foundation Trust</i>
<b>Team 9: Coventry &amp; Warwickshire – West Midlands –</b> <i>Coventry and Warwickshire Partnership Trust and University Hospital Coventry and Warwickshire NHS Trust</i>	<b>Team 10: Kent &amp; Medway – South East</b> - <i>Maidstone &amp; Tonbridge Wells NHS Trust and North East London Foundation Trust</i>
<b>Team 11: Surrey Heartlands – South East</b> - <i>Royal Surrey County Hospital NHS Foundation Trust, Ashford and St Peters Hospitals Foundation Trust and Surrey and Borders Partnership NHS Foundation Trust</i>	<b>Team 12: Yorkshire – North East</b> - <i>Mid Yorkshire Teaching NHS Trust and South West Yorkshire Partnership NHS FT</i>

# Recap from last session

## Human Factors

$$\begin{array}{c} \text{People} \text{ 👤 } + \text{Systems} \text{ ⚙️ } + \text{Environment} \text{ 🌍 } \\ = \\ \rightarrow \text{Performance, Safety \& Teamwork} \end{array}$$



- Please take the time today to complete the half-way evaluation to help us form the last half of the programme - link in the chat
  - To get the most out of the programme, please ensure you are meeting with your dedicated Facilitator **at least once in between learning sessions.** It is essential for you to connect with them so we can have a collective view of how all teams are doing.
- Please remember the post course actions are an important part of the programme and it is essential to send to your facilitator ahead of each learning session. We still have actions from learning session 2 from 6 teams and all teams actions from learning session 3 outstanding – please do send these to us at your earliest opportunity.

**Rebecca Gray**  
Director of Mental Health  
Network and Programme SRO

**Mental Health Improvement  
Support Team**

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# Ambassador updates

Ian Callaghan,  
Dr Mark Buchanan,  
Dr Mary Docherty

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# Best practice sessions

Two 30-minute rounds

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60  
mins

## Best practice sessions rounds 1 & 2

1

Choose a best practice session room you are interested in – please spread yourselves out into the 4 sessions over both rounds



2

Listen to the 20 min presentation, jot down any learning/findings to refer back to and use in your project. There will then be 10 minutes to ask the presenter questions – please do interact and chat



3

After 30 minutes, we will then bring you back into the main room and start the best practice sessions again. The same applies – 20 minutes presentation followed by 10 minutes Q&A. We will then bring you back into the main room before going for a 10 minute break.



# Best Practice Sessions – Round 1

**London Ambulance Service: Mental Health Cars**

Carly Lynch

**Turning Point: A&E in-reach service in Greater Manchester**

Lisa Kearney and Dan Jhutti

**NHS Kent and Medway: Mental Health Urgent and Emergency Care Transformation journey, the impact and learnings from MEN-Sat**

Jacqui Davis

**UCLH Enhanced mental health Team**

Elena Ivany and Fauzia Amadu Sorgho

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# Best Practice Sessions – Round 2

**London Ambulance Service: Mental Health Cars**  
Carly Lynch

**Turning Point: A&E in-reach service in Greater Manchester**  
Lisa Kearney and Dan Jhutti

**UCLH Enhanced mental health Team**  
Elena Ivany and Fauzia Amadu Sorgho

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# 10 minute break & some improvement wisdom



- If you can't describe what you are doing as a process, you don't know what you're doing
- A bad system will beat a good person every time
- If you do not know how to ask the right question, you discover nothing
- The big problems are where people don't realize they have one in the first place
- Research shows that the climate of an organization influences an individual's contribution far more than the individual himself
- Rational behavior requires theory. Reactive behavior requires only reflex action
- A system must have an aim. Without an aim, there is no system
- Best efforts are essential. Unfortunately, best efforts, people charging this way and that way without guidance of principles, can do a lot of damage. Think of the chaos that would come if everyone did his best, not knowing what to do.

# **Welcome back!**

## **Buddy team check-in up next...**

**Mental Health Improvement  
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**15-20  
mins**



## **Buddy team check-in**

**5 minutes each: share your project updates with your buddy team - improvement ideas identified throughout patient journey & prioritised ideas to start testing – from session 3, and allow 2-3 minutes for questions after sharing updates.**

**Then swap roles as teams and listen to the other team pitch and the other team provide feedback**

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# Model for improvement - testing ideas

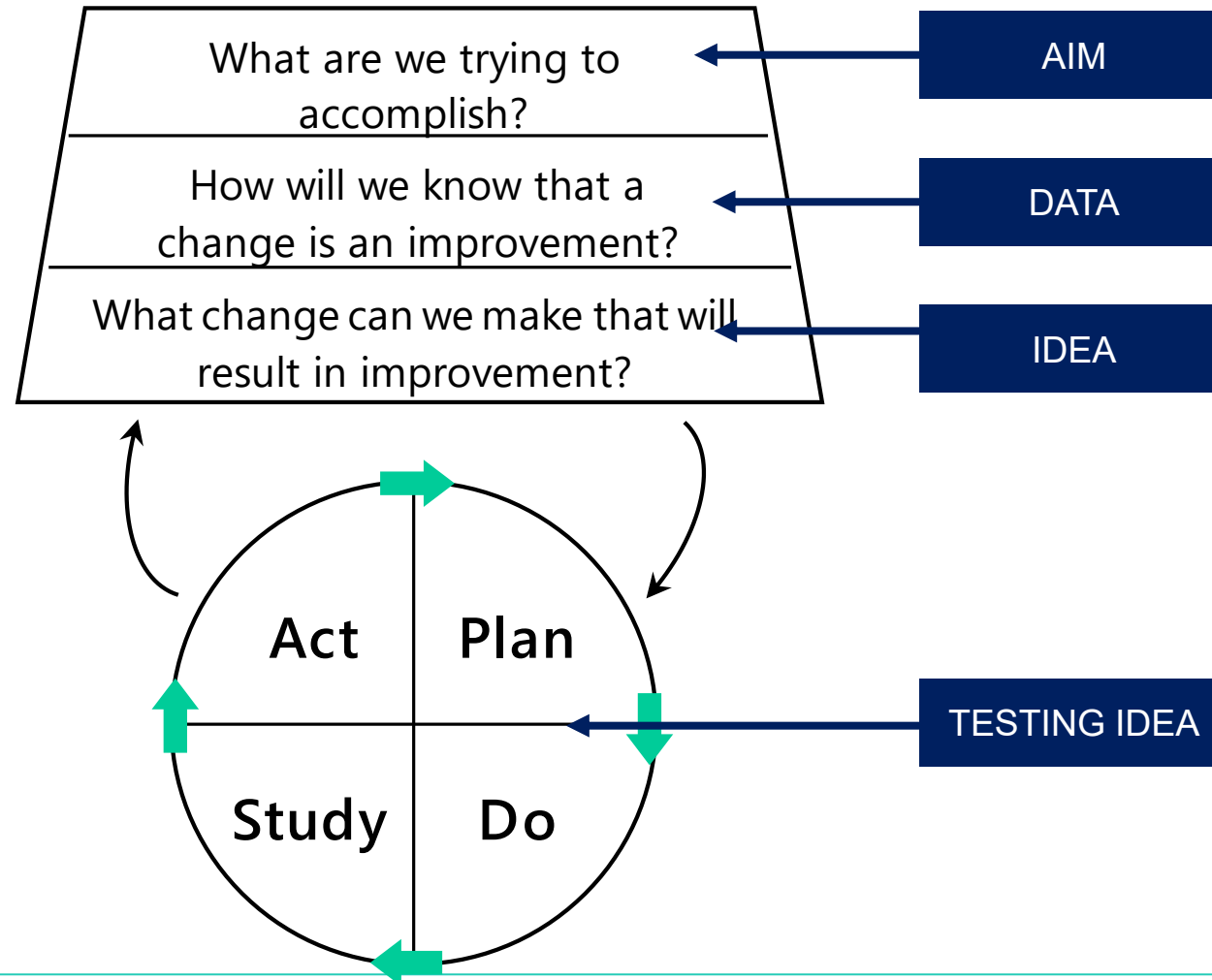
Emma Fulton and  
Caroline Attard

**Mental Health Improvement  
Support Team**

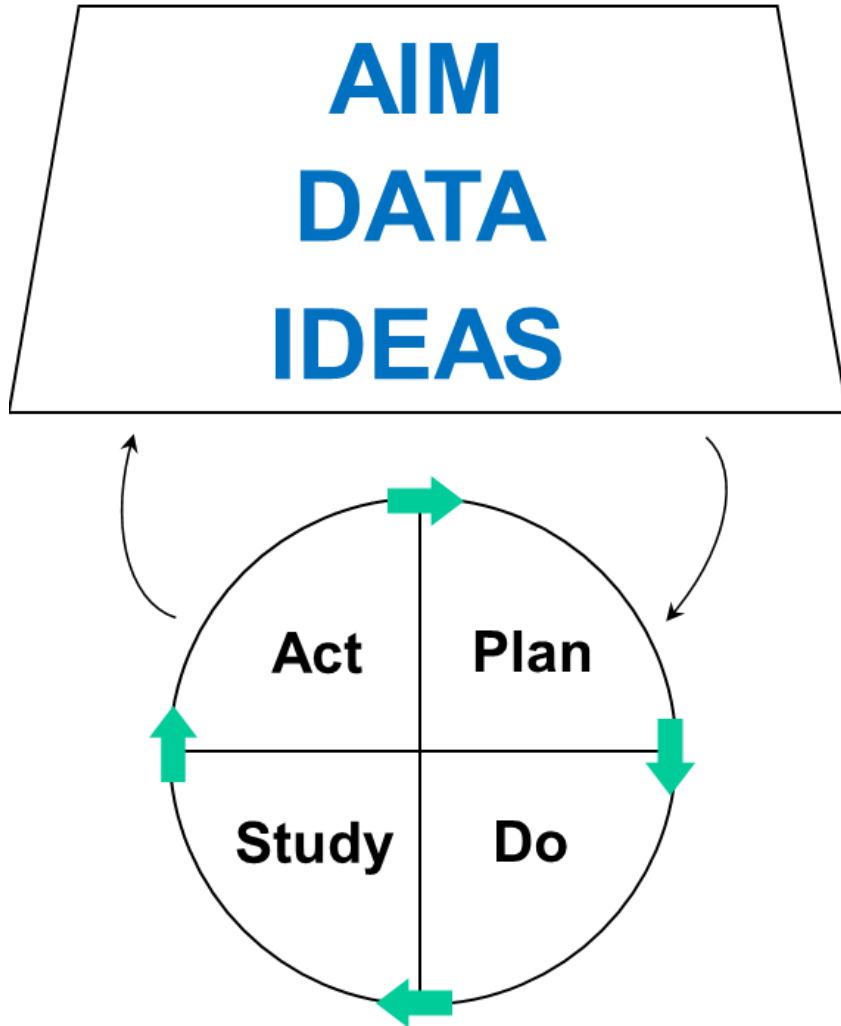
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# Model for improvement



# Model for improvement



You have set an AIM statement and scoped out the problem

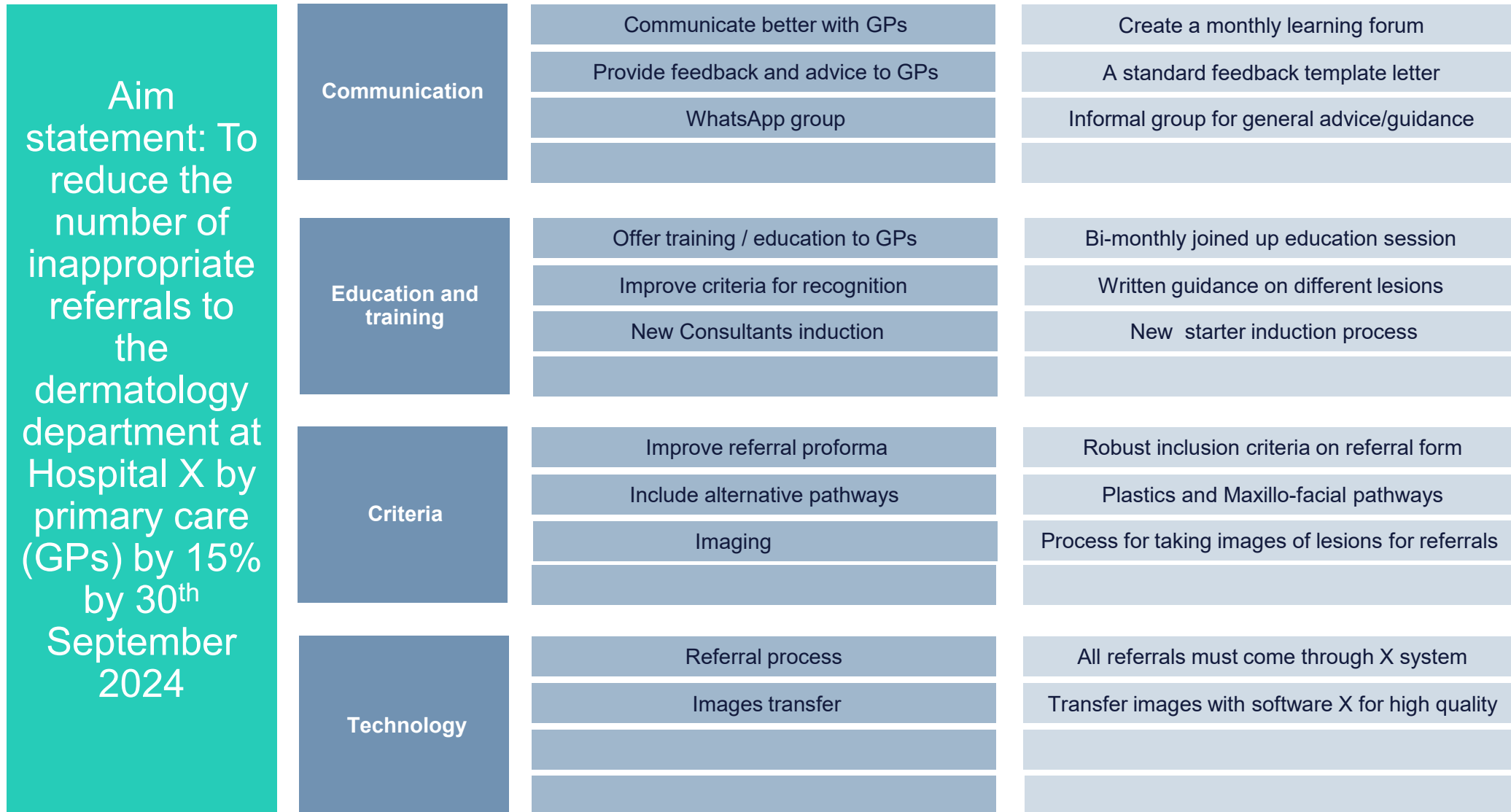
You have created a measurement plan and looked at SPC charts

You have gathered change ideas you want to test in a driver diagram

The next step is to beginning testing the ideas from your driver diagram. PDSA is a powerful tool for rapidly testing ideas

# Project Driver Diagram

Relationship arrows

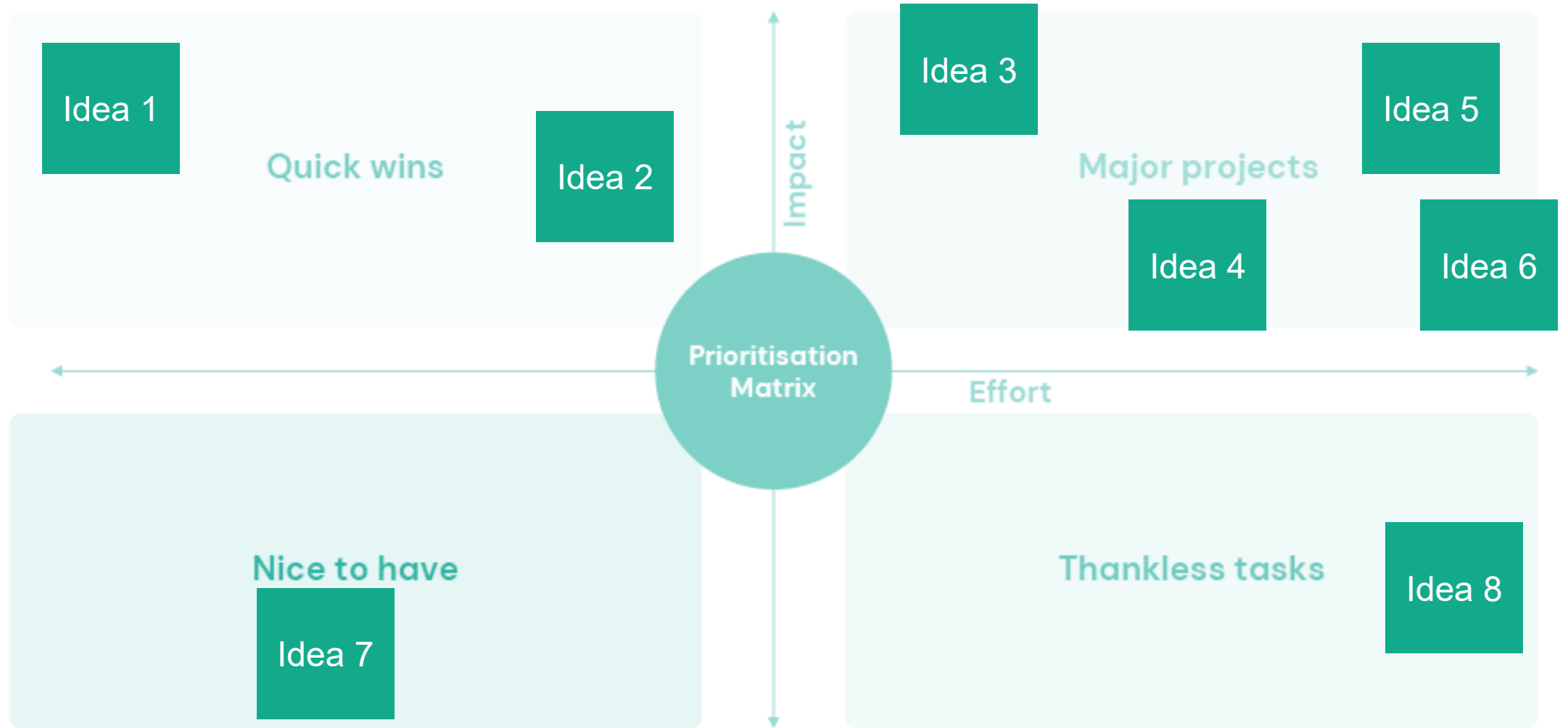
**Aim statement**

**Primary Drivers**

**Secondary Drivers**

**Change ideas**

# Choosing the right change ideas to start with



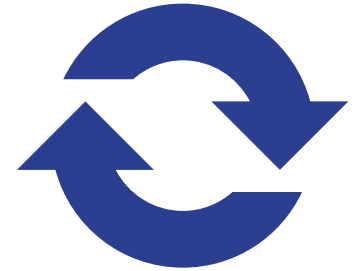
# “Just do its” vs Iterative change



## Just do it

- Simple and well understood idea
- May have been solved before and/or we are confident in the solution(s)
- Easy enough to implement
- We have power & permission to “just do it”
- Often easier to implement

Consider a 'just do it' approach



## Iterative

- We have a few theories, but need to discover the solution
  - Learning is crucial to the success and sustainability of the solution(s)
  - We'll need to work collaboratively to test our theories out, with data and feedback to underpin it
- PDSA cycles are used in iterative change

Consider using a PDSA approach

# Plan-do-study-act cycle (PDSA)

The Model for Improvement uses Plan-Do-Study-Act (PDSA) cycles to test changes on a small scale.

Each change idea should be tested individually, allowing time to collect data before, during and after each test, to determine whether an improvement has been made. Different ideas are often tried successively via different PDSA cycles to achieve your desired outcome. PDSA cycles are composed of four key stages, outlined in the table below:

<b>Plan</b>	<ul style="list-style-type: none"><li>• Develop a plan to test the change</li><li>• State the objective of the test</li><li>• Make a prediction about what you think will happen</li><li>• Think Who? What? When? Where? What data?</li></ul>
<b>Do</b>	<ul style="list-style-type: none"><li>• Try out the test on a small scale</li><li>• Document problems and unexpected observations</li><li>• Complete the test</li></ul>
<b>Study</b>	<ul style="list-style-type: none"><li>• Set aside time to analyse the data</li><li>• Compare the data to your predictions</li><li>• Summarise and reflect on what was learned</li></ul>
<b>Act</b>	<ul style="list-style-type: none"><li>• Refine the change, based on what was learned from the test</li><li>• Determine what modifications should be made. Prepare a plan for the next test</li></ul>

# Plan-do-study-act cycle (PDSA)

The end result of a PDSA cycle will be to either:

- adopt the change;
- adapt the change and do another PDSA; or
- abandon the change and do another PDSA.

PDSA principles include:

- **Iterative cycles** - multiple PDSA cycles must occur with lessons learned from one cycle link and inform cycles that follow.
- **Predication based test of change** - A prediction of the outcome of a change is developed in the 'plan' stage of a cycle. This change is then tested
- **Small-scale testing** - PDSAs start small in scale and build in scale as confidence grows. This allows the change to be adapted according to feedback, minimises risk and facilitates rapid change and learning
- **Use of data over time** - Use of data over time is necessary to understand the impact of a change and increases understanding regarding the variation inherent in a complex healthcare system
- **Documentation** - crucial to support local learning and transferability of learning to other settings

# plan DO Study Act cycle

Trying out an idea on a small scale to see if it leads to improvement

**ACT** Keep going round PDSA cycles until you get the results. What's next?  
Adapt - modify the idea and try a new PDSA - test it again in a different way  
Adopt - If it worked, think about testing it wider. Will it work in all conditions?  
Abandon - If it's not going to work, stop this idea. Start with a new idea?

**PLAN** What are you going to test? Where will you test it?  
What do you predict will happen? What resources are needed?  
Who is going to do what? What data do you need to collect?  
When will you start/end it? How will you know it's being done?

**STUDY** How did it match your predictions?  
What happened? What are the reflections?  
What did the data show? Is there improvement?  
Any surprises? Use quantitative + qualitative data

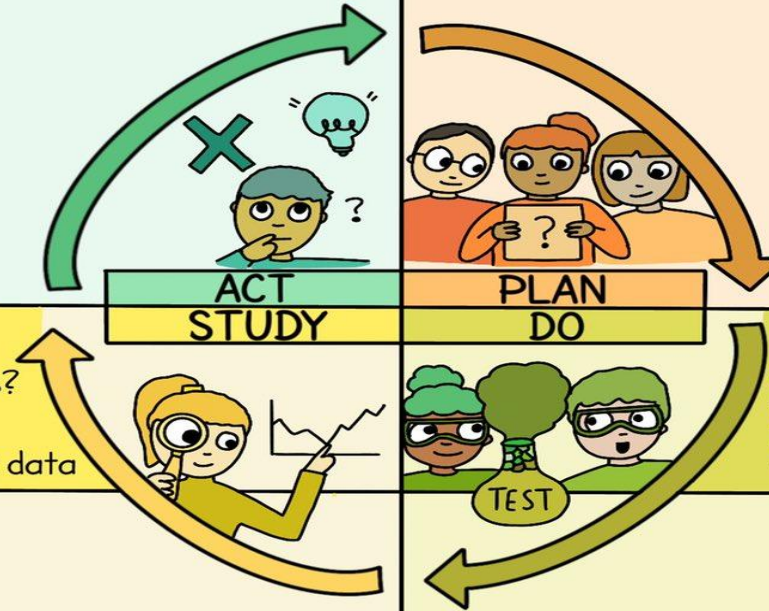
**DO** Test your idea on a small scale - do it  
Observe what's happening Don't judge straight away  
Make sure it is done properly Don't disrupt the cycle  
Keep notes to refer back to Let the test flourish

4

1

3

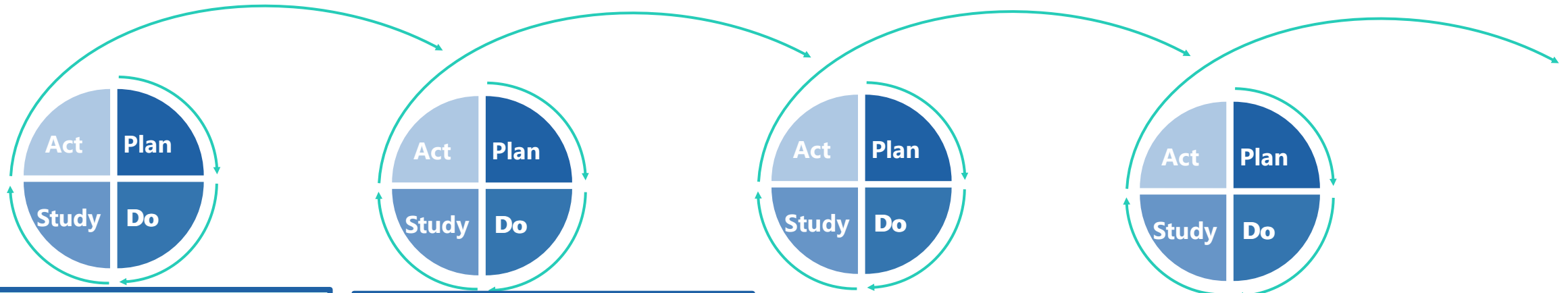
2





# Plan-do-study-act (PDSA): It often takes many iterations...

IDEA: Create a short, easy-to-understand self-help leaflet for young people experiencing anxiety.



## PDSA 1

### P (Plan):

Locate existing NHS and charity resources on anxiety in young people. Draft an initial leaflet combining grounding techniques, signs of anxiety, and where to get help. Predict moderate success but expect major refinement.

### D (Do):

Gathered lots of material difficult to decide what was essential versus overwhelming. Shared the draft with one young person from our youth advisory group. They scored it **2/5**, saying it was “too text heavy and a bit boring”.

### S (Study):

Feedback confirmed it needed simpler language and more visual elements.

### A (Act):

Reduced content, clarified sections, and prepared for next iteration

## PDSA 2

### P (Plan):

Simplify the wording and add simple visuals (e.g., breathing diagrams). Predict feedback around 4/5 from young people and colleagues.

### D (Do):

Realised the team lacked design expertise. Contacted communications for help creating accessible visuals.

### S (Study):

Did not share with young people yet—wanted a cleaner, more polished draft first.

### A (Act):

Improved layout, added comms-supported graphics, and reduced reading load.

## P (Plan):

Develop a clearer, user-friendly draft using comms input. Added an “anxiety cycle” visual and “3 quick steps to calm down.” Predict improved feedback.

## D (Do):

Shared updated leaflet with school mental health leads, two young people (including the original reviewer), and a parent. Average feedback: 4.6/5. Suggested adding a section on “how to talk to an adult you trust.”

## S (Study):

Visuals were well-received; text length appropriate. Identified gap in communication guidance.

## A (Act):

Added a page with conversation starters (e.g., “I’m finding it hard to...”), plus helpline numbers

## PDSA 4

### P (Plan):

Finalise contact information and communication guidance. Anticipate minimal changes.

### D (Do):

Shared with safeguarding team and local youth service. Checked crisis contact details.

### S (Study):

Feedback score reached 5/5. Only additional note: leaflet should be translated into multiple languages.

### A (Act):

Adopt leaflet and plan translation into key languages (e.g., Urdu, Somali, Polish). Prepare for small follow-up tests on translated readability

# PDSA – template

Gathering all your change ideas

Page  
15

## PDSA Cycle Template

### PLAN

What are you going to test?  
Where will you test it?  
What do you predict will happen?

Where will you test it?  
Who will do what?  
When will it start/end?

Text

### DO

What happened when you tested it?  
Was it done properly?  
What did you observe?

Text

### STUDY

What are your reflections on it?  
What is feedback from others?  
Were there any surprises?

What is the data telling you?  
Why do you think certain things  
happened?

Text

### ACT Agree whether you are going to:

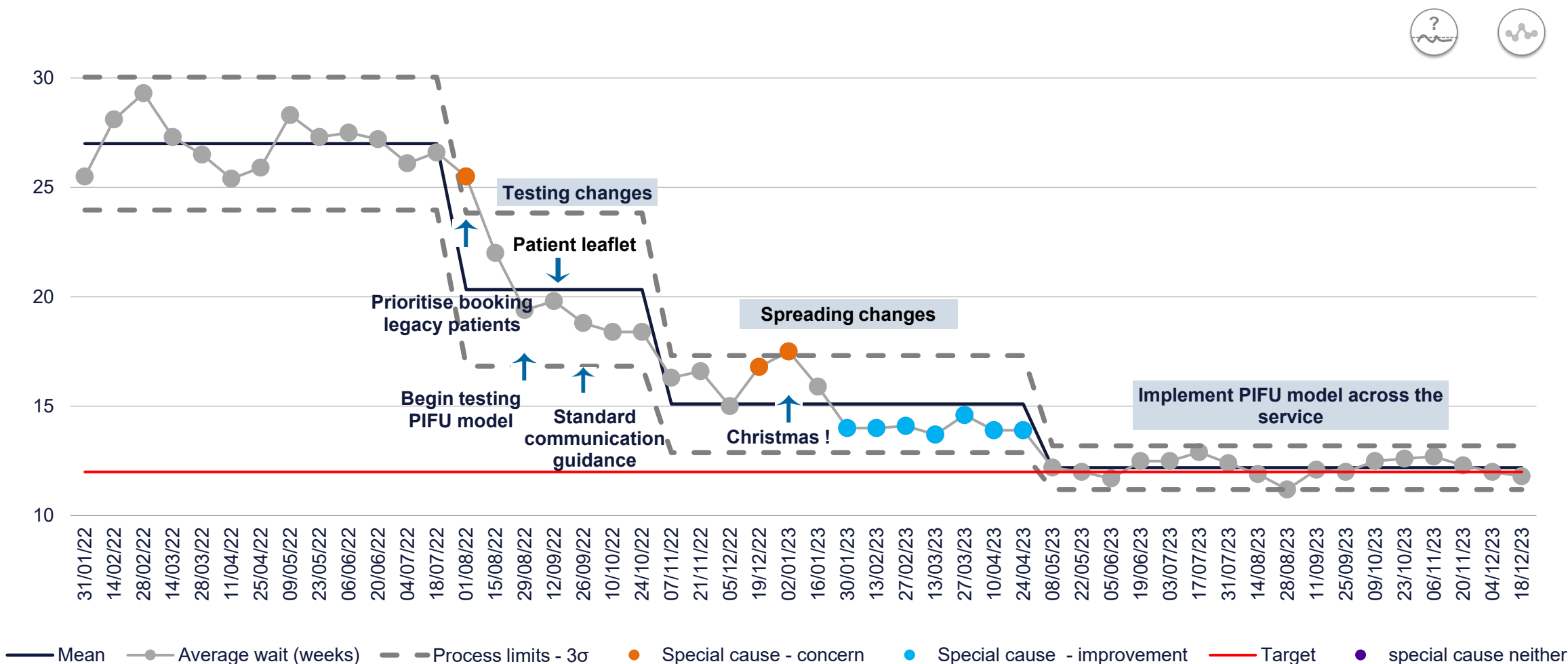
ADAPT – modify the idea and do  
another PDSA cycle to see if it can  
be better

ADOPT: Test the idea out wider  
because you think it is the best  
possible version  
ABANDON: Stop the idea all together  
because it is not working

Text

# SPC chart example

Average wait in weeks for first appointment-Westminster Childrens SLT - West Locality PDSA starting 30/05/22



Events calendar

Discussion

Training Materials

Tools

Best Practice

Analyst Network

PDFs and Research Papers

Finance

Mortality

Videos

FAQs

Invited Access

Hidden Archive

Making Data Count

# Making Data Count

[Create a new item](#)

[Here's our new Making Data Count support offers guide](#)
[Register for c](#)



## About us



- 14,352 members
- Only visible to registered users. Anyone may join.
- [Contact the workspace manager](#)

The purpose of the Making Data Count workspace is to connect the health and social care workforce who have an interest in supporting their organisation to adopt the Making Data Count approach. The intention of the workspace is to:

- facilitate the sharing of the vast knowledge and experience that you all have to minimise duplication and accelerate adoption;
- update on developments from the national Making Data Count team;
- provide details of upcoming training events, support offers and SPC tools


[Email the Making data count team](#)

# 3 Tips and 3 Pitfalls for PDSA Cycles



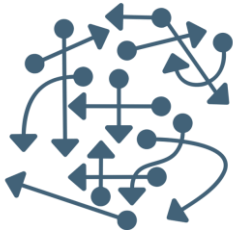
**Meet “little and often” as a team  
when testing with PDSA**



**Fail intelligently**



**Use qualitative and quantitative  
data to study**



**Many PDSA cycles at once can be  
difficult to manage**



**Don’t let perfection get in the way  
of “good enough”**



**Don’t neglect thinking about  
sustainability from the offset**

# In your project teams shortly...

Continue with actions from the last learning session and begin to prepare for your actions from today's session:

Make sure all your previous tasks are complete and submitted to your facilitator for central storage/sharing - driver diagram and measurement outcomes, patient journey & prioritised change ideas

**LOOK BACK TO LOOK FORWARD:** Look at your measurement plan and start to track data from other areas as you start testing things out

**CONTINUE/COMPLETE:** Complete your priority matrix to understand what ideas you want to test out first and why

**NEW TASK:** You need to submit a graph with your outcome measure on it covering at least 6-month baseline (if possible). You can use the SPC software previously shared on the 'Making data count' platform on NHS Futures

**NEW TASK:** Complete your PDSA cycle templates for each different idea you test out. This learning will be used at the next session and it's important you practice QI methods

25  
mins



# Project Team Catch up

**SHARE:** What you have been up to since the last session

**SHARE:** Your patient journey to test out and your change ideas (from driver diagram or priority matrix)

**REFLECT:** What have you discovered that you want to learn more about and develop a better understanding in?

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# Team reflections





# UEC action cards

**Louise Thomas,**  
NHS England Mental Health  
Improvement Support Team

**Mental Health Improvement  
Support Team**

Improving mental health care through hands-on,  
multi-specialist support to systems

# What to do during your action period set?

Before the next learning session on 28th January 2026, please use your workbooks to finish the previous tasks and complete the following new tasks:

Make sure all your previous tasks are complete and submitted to your facilitator for central storage/sharing - driver diagram and measurement outcomes, patient journey & prioritised change ideas

**LOOK BACK TO LOOK FORWARD:** Look at your measurement plan and start to track data from other areas as you start testing things out

**CONTINUE/COMPLETE:** Complete your priority matrix to understand what ideas you want to test out first and why

**NEW TASK:** You need to submit a graph with your outcome measure on it covering at least 6-month baseline (if possible). You can use the SPC software previously shared

**NEW TASK:** Complete your PDSA cycle templates for each different idea you test out. This learning will be used at the next session and it's important you practice QI methods

# Quick check-in: Teams poll

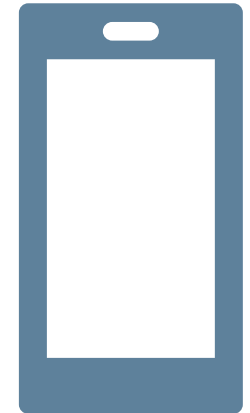
On a scale of 0 – 5 (5 being high/positive):

Q1: How useful did you find today's session? 1-5

Q2: How much has your confidence/belief/knowledge in carrying out improvement grown since last session? 1-5

Q3: Is the content both during the session and in the workbook helpful enough? Y/N

Q4: How much progress in your project have you made – either with prioritising or beginning to test out change ideas? 1-5



# Next steps

- The next learning session is **28<sup>th</sup> January 09:30-12:30pm** – the focus will be on your testing, tracking improvement, reflections and sustainability
- Your facilitator will contact you during the action period (this is the time between this session and the next session) to check in on how you are progressing
- Please make every effort to complete the evaluation survey, its essential for us to track progress and satisfaction and will help us plan for the remaining learning sessions
- We would like to begin to speak with some teams to record videos and communications – please can project leads contact their facilitator if the team is happy to take part in this

**Thank you**

**...and have a  
lovely festive  
season, see you  
in the new year!**

