Mental Health Liaison Team

Theme | Learning From Incidents

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SaTH Improvement Hub

NHS The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

Following a Serious Incident regarding a gentleman who was discharged from the Emergency Department (ED) without a referral to the Mental health team, who then went on to commit a serious crime, it was identified that although the referral process for the team had been updated ED staff were unaware.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

To bridge the gap between physical and mental health care in PRH ED by June 2025, as evidenced by robust triage documentation and early referral to the mental health liaison service.

PLAN

The plan was to re launch side by side working at PRH and re-establish the referral route to the mental health liaison team. The referral process was changed following the serious incident however staff were unaware and still following an old process.

Initial data collection proved difficult as it showed compliance with response times at PRH and RSH, but that did not match anecdotal evidence about how the teams were working.

The team initially sent out a survey monkey that raised that staff in ED were not confident about mental health triage and that they don't refer early enough to the mental health teams.

There was also an element of inappropriate referrals.

DO

From the initial data collected the project grew to include actions in several areas.

- Relaunch and educate about side-by-side working
- Training for medical colleagues about mental health and referral processes
- Work around the use of the mental health room
- A sop about the referral process, covering out of hours service at PRH, which is different to RSH
- A review of information available on care flow
- Discussions about safeguarding children
- Information about Police contacts and the use of Section 136 of the mental health act

STUDY

Gaining of data has been difficult due to cross working between Midland Partnership Foundation NHS Trust (MPFT) and Shrewsbury and Telford Hospitals NHS Trust (SaTH).

However, the following has been **achieved:**

- Successful handover of medical training to new colleague who will be responsible moving forward, Including Mostafa now being named clinical lead for mental health.
- Sharing of process for referrals at both sites, including for paediatric patients.
- Agreement about the use of the room and follow up of a business case around utilisation of the space, lock on room door was mended.
- Launch of side-by-side working
- Training written but delivery delayed due to a pause in training. Future training will include MHA for fy1/2 Drs and restrictive interventions training for ED staff. ACPs will receive quarterly training.
- Discussions started to clarify issues about safeguarding both for children and in regard to patients on section 136.
- Review of the restrictive interventions SOP.

- The working group has consisted of Hope Lloyd, Gemma Selby, Charlotte Lloyd- Davies, Mohammad Ibrahim (Diab), Mostafa Sowailam, Claire Eagleton, with input from Debbie Archer, Louise Summers, Kimberly Williams and Carley Speke

ACT

The plan will be **Adapted** as there is a need for continued work between SaTH and MPFT.

The work started in this improvement project will be continued and built upon by the establishing of a mental health working group.

This will be in line with national and system priorities about mental health.

ACKNOWLEDGEMENTS & REFERENCES | With thanks to all members of the working group including our MPFT colleagues