

Activity Mapping

A mapping exercise of crisis teams in the South West

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Introduction

- What do we mean by mapping?
- Why did we decide to do this work?
- What did we actually do, and how?
- What have we discovered / learned?
- What would we have done differently?
- What next?
- Questions



What do we mean by 'mapping'?



Understand the 'as is'

Provide Insight

A tool of reference

Reveal Opportunities for Improvement



Why did we decide to do this work?

- Describe the **services that currently exist**; how are these delivered and where are the variations?
- Develop a **more comprehensive picture** to include all principles from the Crisis Concordat and Liaison Psychiatry guidance
- Assist with implementing the **Crisis Concordat**

Describe the services that currently exist; how are these delivered and where are the variations?

Highlight emerging key themes to generate consensus on where to focus our efforts

What did we think the outputs would provide?

Develop a 'map' detailing local leadership, progress and best practice

A benchmarking tool for organisations to compare themselves across the patch

What did we actually do; and how?

- We sourced and gathered our **contacts**
- **Interviews** arranged or **questionnaires** returned by email
- Regardless of how the questionnaire was completed, **all information returned was treated the same**



What have we discovered and how do we think that helps?

- Only **3 services** reported having **access to a Crisis House**
- Only **2 services** reported **street triage** being in operation, although regionally this is being implemented more broadly.
- All services have access to a S136 suite; but distance varies.
- Only **5 services** reported undertaking **formal** training with the Police
- Only **1 service** reported undertaking **formal** training with the Ambulance service

What else have we learned in the process?

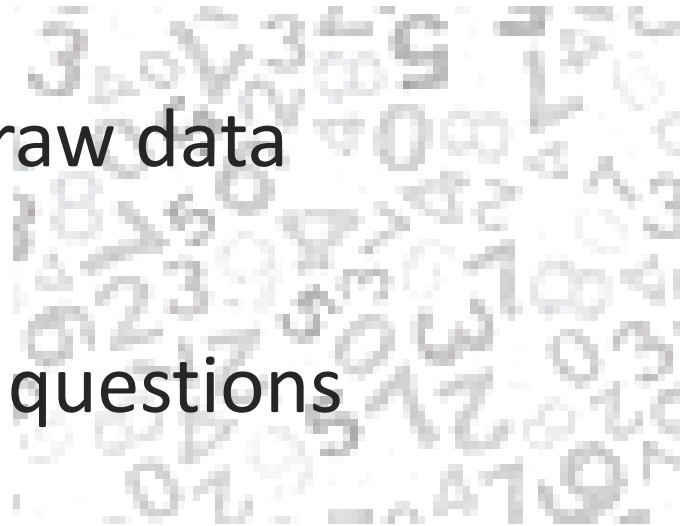
There is no generally held definition for a 24/7 service

Variation in team members;
recruitment and retention

Increase in referrals and admissions for individuals who have taken legal highs

What would we do differently next time?

- Collate more concrete and raw data
- Test run the terminology in questions
- Use a multi stranded approach to information gathering



What next?

Getting a broader perspective; mapping across other organisations / patients and public / other team members

Listening to you; disseminating the Information

Any Questions?