

The NHS Oversight Framework, Acute Hospitals, and Mental Health

How patients presenting in mental health crisis impact acute hospital trusts' performance

SUMMARY

The NHS Oversight Framework, introduced in 2025, provides a consistent approach to assessing NHS trusts' performance across key domains, including access to services, effectiveness and experience of care, patient safety, and people and workforce. Trusts are placed into performance segments and compared via publicly available league tables.

Over one million people attend emergency care due to their mental health each year. This briefing draws on published evidence from NHS England, the CQC, the Royal College of Emergency Medicine, The King's Fund, The Lancet, and other national bodies, to identify how mental health presentations directly impact the metrics by which acute hospital trusts are judged – and why trusts need a strategic response.

DOMAINS COVERED

- 1 Access to Services**
Urgent and Emergency Care
- 2 Effectiveness and Experience of Care**
Patient Experience
- 3 Patient Safety**
CQC Safe Inspection Score
- 4 People and Workforce**
Retention and Culture

1. Access to Services

Urgent and Emergency Care

- ▶ **NHS OF Metric:** Percentage of ED attendances admitted, transferred or discharged within 4 hours
- ▶ **NHS OF Metric:** Percentage of ED attendances spending over 12 hours in the department

Patients presenting with mental health needs are **twice as likely to spend over 12 hours in emergency departments** than other patients ([Royal College of Emergency Medicine, 2022](#)). Longer wait times create increased distress, heightened risk of escalation or absconding, and increased pressure on overall capacity.

A primary cause of emergency department waiting time breaches is “exit block” – patients waiting in the department after a decision to admit them has been made. These delays signal that the wider hospital system is under pressure and unable to absorb demand ([The King’s Fund, 2024](#)).

For mental health patients, exit block is often worse. A lack of staff knowledge and confidence leads to resistance from both referring and receiving teams when it comes to transferring mental health patients from the emergency department to general inpatient wards. Staff do not always feel they have the skills or support to care for people with mental ill health – directly causing delayed transfers and a lack of timely access to appropriate care when there is resistance or uncertainty. ([National Confidential Enquiry into Patient Outcome and Death, 2017](#)).

Key Finding: Staff across acute hospitals lack the foundational mental health education necessary to perform their job effectively. When they feel unsure how to support a patient in crisis, the system backs up – and organisational performance suffers.

2. Effectiveness and Experience of Care

Patient Experience

- ▶ **NHS OF Metric:** Readmission rate band
- ▶ **NHS OF Metric:** CQC inpatient survey satisfaction rate

While awareness about mental health is increasing, public attitudes towards severe mental illness have actually worsened. The **most frequently cited source of stigma is from healthcare professionals, particularly in accident and emergency settings** ([Mind/YouGov, 2024](#)). Patients report encountering staff who minimised their condition, dismissed their concerns, or treated them with frustration.

A negative emergency department experience is directly linked to future risk and re-attendance. A negative initial visit can contribute to patients’ perceived need for a return visit, as they feel ill-equipped to manage their condition at home ([Journal of Advanced Nursing, 2023](#)).

The most effective evidence-based approach to reducing stigma is through interventions that promote social contact between those with and without lived experience of mental illness. A Lancet Commission review of 216 systematic reviews confirmed this approach was effective whether delivered in person, virtually, or indirectly ([Lancet, 2022](#)).

Key Finding: Poor patient experience drives poor outcomes – including higher readmission rates and lower satisfaction scores that directly affect organisational performance ratings.

3. Patient Safety

Patient Safety

- ▶ **NHS OF Metric:** CQC Safe Inspection Score (if awarded within the preceding 2 years)

As of 2025, meeting mental health needs is a **non-negotiable part of all acute CQC inspections**. The CQC will “closely scrutinise” trusts’ ability to provide adequate care to patients attending due to their mental health, including across urgent and emergency services. Trusts are expected to show evidence, and findings will inform their overall provider-level rating ([CQC, 2025](#)).

A CQC report highlighted that staff feel unprepared and unsupported to provide care for patients in mental health crisis. Consequently, high-risk patients were not always provided with safe, therapeutic care. The CQC recommended “trust-level changes” and “support for staff,” stating this must include “training for staff that gives them the skills and confidence to meet people’s mental health needs” ([CQC, 2020](#)).

Like safeguarding, mental health requires **both** specialists **and** a workforce with a foundational understanding. While organisations have specialist teams who oversee and intervene in complex cases, every staff member must understand basic principles of safe, compassionate care for patients attending due to their mental health.

Key Finding: Supporting patients' mental health is a non-negotiable part of the job for all acute hospital staff – yet many feel unprepared, and the CQC will hold trusts accountable.

4. People and Workforce

Retention and Culture

- ▶ **NHS OF Metric:** Sickness absence rate (percentage of working days lost in the previous quarter)
- ▶ **NHS OF Metric:** NHS Staff Survey engagement theme score

Mental health issues are the **single biggest cause of staff sickness absence in acute trusts**. Anxiety, stress, depression and other psychiatric illnesses have remained consistently the most common reason for staff sickness, accounting for up to 3 in 10 days of all full-time equivalent days lost ([NHS England, 2025](#)).

Research from the University of Bath, in collaboration with the Royal College of Emergency Care, found that unprecedented funding pressures, bed shortfalls, and a lack of investment are leading to increased staff burnout and attrition ([RCEM, 2024](#)). As many as 1 in 7 healthcare workers are actively seeking to leave the NHS ([University of Bath, 2023](#)).

Staff are being asked to support patients in mental health crises, often without any training. They face emotionally challenging demands and feel unqualified, unsupported and out of their depth. Emotional exhaustion is a key driver of poor engagement. Staff survey analysis links burnout, stress and overload with higher turnover, driven by factors that are exacerbated when staff feel unequipped to handle challenging situations ([NHS Staff Survey, 2024](#); [King's Fund, 2025](#)).

Key Finding: Supporting patients in mental health distress without the tools or confidence to do so is a significant contributing factor to staff burnout – directly impacting sickness absence and engagement metrics.

The Strategic Case for Action

Mental health presentations are not a peripheral concern for acute hospital trusts. They are a strategic issue that directly impacts performance across four NHS Oversight Framework domains: access to services; effectiveness and experience of care; patient safety; and people and workforce.

Across all four domains, the same root cause emerges: acute hospital staff lack the foundational mental health knowledge, skills and confidence required to support the patients in their care. This is not a clinical issue confined to mental health specialists – it is a strategic and operational issue affecting the entire organisation.

Trusts are discussing these issues in their board papers. Emergency department breaches, patient experience scores, CQC inspection findings, and staff sickness rates are all regular agenda items. Yet the thread connecting these challenges – the impact of mental health presentations on the acute workforce – is rarely identified or addressed strategically.

The evidence presented in this briefing makes a clear case: acute hospital trusts need a mental health strategy, because the absence of one is measurably damaging organisational performance.

Domain	Impact of Mental Health Presentations
Access to Services	Mental health patients are 2x more likely to spend 12+ hours in ED. Staff lack confidence to transfer patients, causing exit block and breaching 4-hour targets.
Effectiveness and Experience	Stigma from healthcare staff drives poor patient experience and re-attendance. Negative ED experiences are directly linked to higher readmission rates.
Patient Safety	The CQC will closely scrutinise mental health care in all acute inspections from 2025. Staff feel unprepared to provide safe, therapeutic care.
People and Workforce	Staff supporting patients without training face emotional exhaustion, driving burnout and attrition.

Further Reading: For detailed evidence of We Can Talk's impact across each NHS Oversight Framework domain, explore our companion blog series at wecantalk.com/news/?category=analysis

About We Can Talk

We Can Talk is a mental health training organisation transforming mental health culture in acute hospital NHS trusts across England. Our one-hour, evidence-based e-learning provides all hospital staff with the foundational mental health knowledge, skills and confidence needed to support patients presenting in mental health crisis.

Highlighted by the CQC as an area of outstanding practice, We Can Talk has trained over 35,000 staff across 100+ acute hospitals since 2017. Our approach is built on social contact – connecting staff directly with the lived experience of patients who have attended hospital in mental health crisis – the most effective evidence-based method of reducing stigma and improving care.

We believe education is an essential part of improving mental health care in acute hospitals, and that every trust needs a mental health education strategy. We exist to support trusts in building that strategy, starting with workforce education.

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