AIM STATEMENT PLANNING

Developing your project aim

Overall problem/area issue:	Increased waiting times and limited pathway flow for people in the ED or MH suite (Colchester) assessed as requiring further assessment or admission to MH wards in NEE.
Your purpose in wanting to improve this (WHY):	• For better patient and staff experience as well as wellbeing • To ensure and improve patient safety • Create more efficient protocols/processes, and more appropriate pathways including crisis alternative options • Enhance communication and improve culture across teams, patients, family/carers • To improve the quality and continuity of care for MH patients in ED • For a more coordinated and integrated plan with an MDT approach which enhances holistic and person-centred care • To enable shared decision making • It aligns with national, regional and local priorities • Address challenges with demand and performance, indirectly reducing wait times • Equity of service access between physical and mental health – alignment • Listen to patient experience and take forward improvements
Your proposed SMART aim statement:	By 31st March 2026, develop and implement a clear, collaborative care and support plan for patients and their families/carers that integrates physical and mental health needs, ensures safety and promotes shared decision-making by ESNEFT/EPUT/Patient/Family/Carer. This care and support plan will embed best practice principles with individual measurable MH outcomes agreed and will be reviewed regularly until the next stage of care is available for the patient.
What further scoping or tools will you use to understand the problem further:	NHS Urgent & Emergency Care Plan 2025/26 NHS 10 year plan Golden circle model Data – to benchmark and evaluate growth and impact (wait times, activity, harm rates, performance) Lived experiences of patients and staff
What scale are you operating at within the system? (mico, meso or macro) and list the areas involved in your project	Meso North East Essex: Colchester

PROJECT CHARTER

Project Charter

A simple one pager to help define your project

Problem Statement

(what is the current problem & why does it need to be improved?)

Long waiting times for people in the ED or MH suite (Colchester) who have been assessed as requiring admission to a mental health ward.

This needs to be improved to enhance patient/staff experience as well as to reduce patient harm, and deliver joined up, continuous quality care.

In Scope (what will be covered by the project)

To develop a clear plan of care and support with the person in need and their family/carers which promotes/maintains safety and working together across physical and mental health to achieve agreed outcomes until next stage of care is available.

This will be done by jointly defining standards/processes/expectations for:

- Key principles of care for MH patients in the ED
- Patients who attempt leaving the dept and build it into operations
- Parallel assessment
- Medication management
- Handover standards
- Principles of working across multiple teams
- Patient harm tool development

These will be developed into the B2B plan and SOP document, and trialled as the team's project.

Out of Scope (what will not be covered by the project)

Tackling the increasing number of patients in ED and ensuring ED diversion with patients using alternative options.

Tackling the volume of MH presentations to ED

Outcomes (what do you intend to achieve from this project, what are the outcomes? What will it improve? How will things be better? Evidence your outcomes

Short term outcomes -

- Jointly owned and regularly reviewed plan of care and support for every MH patient in the ED including:
  - Needs assessment
  - Safety plan
  - Patient notes recording
  - Family/carer views
  - Access to MH Suite
  - Hygiene
  - Food and drink
  - Medication management and administration
  - Plan if a patient wishes to leave
  - Plan if a patient attempts to leave the ward
  - Parallel assessment
  - Handover standards
- Clear and efficient protocols/processes established to support achieving the agreed individual outcomes for MH patients in ED
- Better communication & managed expectations with patients and their families/carers
- ED diversion through proactive use of crisis alternative options

Medium term outcomes -

- Timely and better quality of care for MH patients in the ED, alongside reduced patient harm
- Improved communication and team culture between acute and MH teams
- Strengthened relationships & better behaviour across teams, system partners

Long term outcomes

- To observe a reduction in the length of waiting times for mental health patients in Colchester ED who require admission to a MH bed, as a result of better partnership working between MH and acute teams by 31st March 2026.

Quality Impact

(How will the project improve patient: experience, safety, outcomes, care, services or reduce risk/harm to patients?)

By establishing clear protocols/pathways through the implementation of the B2B plan and the MH ED SOP:

- Patients will receive timely care and have better experience while waiting in the ED
- Patient wellbeing will improve
- Patient safety will increase with reduced patient harm
- Patients can become aware and willing to use crisis alternative options
- There will be equity of service access between physical and mental health – alignment
- Better communication with Patients/teams/staff/family/carers to enable a person-

Measurements (What data both qualitative and quantitative can you collect to show an improvement has been made?)

Description of Measure	Baselines (what are they currently at prior to the project?)	Target (Where do you want them to be?)
Patients experience Family/Carers experience Staff experience ICB Quality Visit A draft suggested patient harm review tool that could be completed for all waits and agreed method of monitoring Performance data		

BUILDING RELATIONSHIPS

Relationship building

How will you keep connected and learn from others?

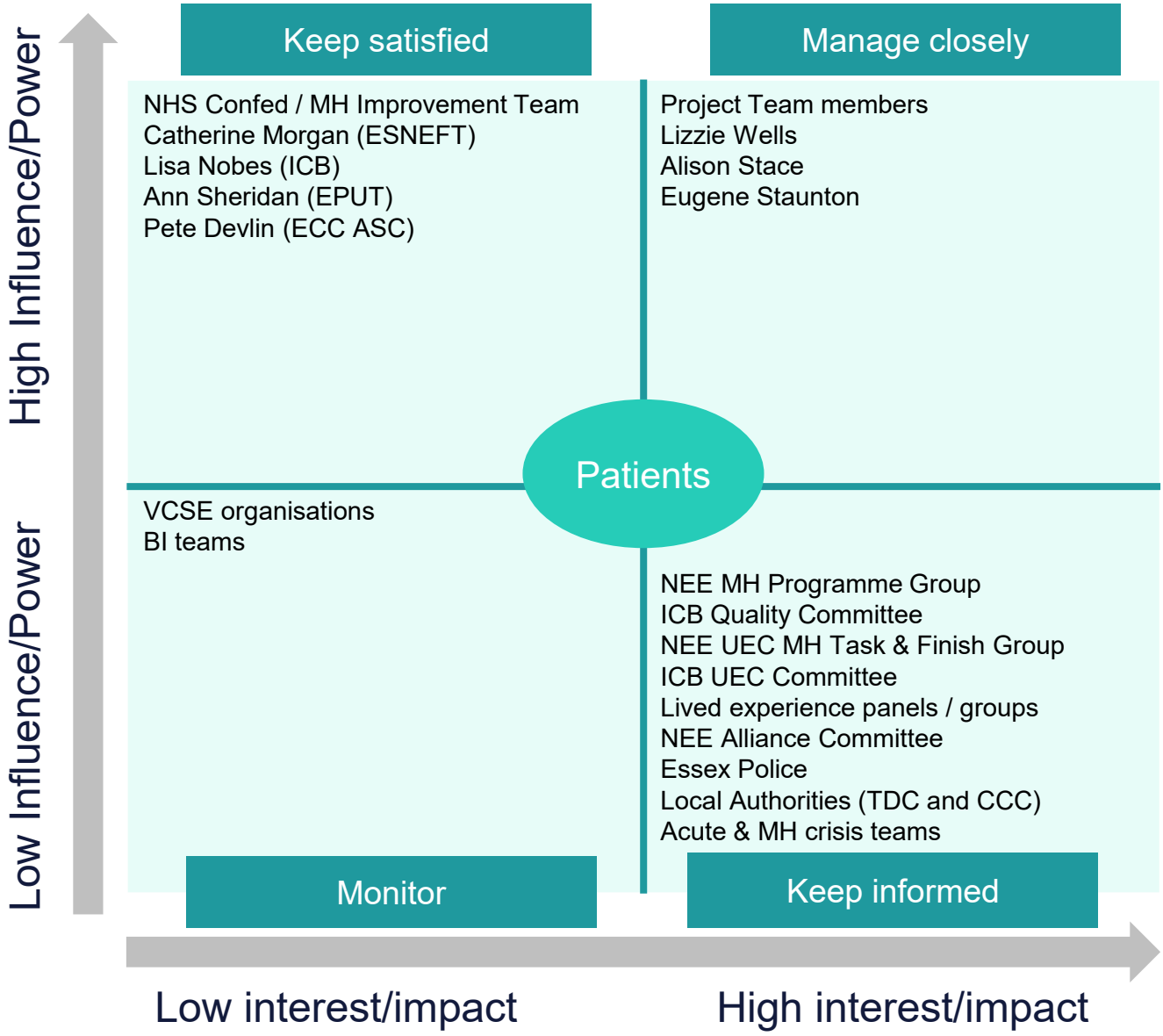
Communication methods How will you talk to each other – on what format? Teams? Emails? WhatsApp?	• Teams calls and chat function. • Regular Project Team meetings between learning sessions. • Emails	**Understanding** How will you create an understanding of each other's roles, experiences and views? Meetings? Shadowing? Observe?
Listening How will you make the space and time to truly listen to each other to understand? Coffee chat? Off-site meet? Protected time?	• Create a team culture of openness and honesty and hold in person team meetings. • Prioritise and protect time in diaries to attend project meetings	**Challenge your biases** How will you reflect on your own thoughts and assumptions? Reflective journal? Speak to a mentor?
Personal connections How will you make personal connections, build trust and connect? Talk about personal interests? Life outside of work? What matters to you?	• Have an open and honest relationship, encouraging team members to feel comfortable, confident and trusted, to input into team meetings. • Acknowledge each others challenges and circumstances.	**What else?** What other ideas do you have on how you can build good engagement with other team members across the interface?

Your chosen approaches on building relationships:

- Regular Project Team meetings between learning sessions, maximizing in-person meetings, frequent email check-ins and virtual MS Teams calls/chat function.
- Create a team culture of openness and honesty and hold in person team meetings.
- Prioritise and protect time in diaries to attend project meetings
- Have an open and honest relationship, encouraging team members to feel comfortable, confident and trusted, to input into team meetings.
- Acknowledge each others challenges and circumstances.
- 1 to 1 catchups

STAKEHOLDER MAPPING

Stakeholder mapping



- Map who is involved, responsible & impacted at every stage
- Add names to the most relevant quadrant based on influence and the impact level they hold
- Who are your most important stakeholders?
- Are they likely to be drivers or resistors of your improvement?

Remember:

- You cannot be everything to everyone
- You cannot engage with everyone to the same degree
- You need to think about different ways of engaging with people
- Put your efforts towards the most influential/interested stakeholders

STAKEHOLDER MAPPING

Stakeholder mapping

High Power	**Satisfied** People who have a high power of influence over the project, but they just need to be kept satisfied with what is happening	**Manage** People who have a high power of influence over the project who should be fully engaged through communication and consultation
Low Power	**Monitor** People who have low power that could be ignored if time and resources are stretched	**Inform** People who have a low level of influence, but it is helpful to keep them informed
	Low interest/impact	High interest/impact

Stakeholder Name	Job role details	Impact (High or low?)	Influence (High or low power?)	How could they contribute to the project?	How could they block the project?
Lisa Nobes (Project Sponsor)	Director of Nursing (SNEE ICB)	High	High	Strategic direction (Manage expectations)	No longer a strategic priority
Catherine Morgan (Project Sponsor)	Chief Nurse (ESNEFT)	High	High	Strategic direction (Manage expectations)	No longer a strategic priority
Ann Sheridan (Project Sponsor)	Executive Nurse (EPUT)	High	High	Strategic direction (Manage expectations)	No longer a strategic priority
Pete Devlin	Director – ECC Adult Social Care	High	High	Commitment and engagement with ASC teams / AHMPS	No longer a strategic priority
Richard Watson	Deputy CEO SNEE ICB	High	High	Strategic direction (Manage expectations)	No longer a strategic priority
Alison Stace	Director of Operations (ESNEFT)	High	High	Capacity building, resources	No longer a strategic priority
Lizzie Wells	Associate Director of Adult Inpatient & Emergency Care	High	Med	Capacity building, resources	No longer a strategic priority
Eugene Staunton	Deputy Director – Adult MH Transformation	High	Med	Capacity building, resources	No longer a strategic priority
Project Team	Various	High	High	Attend all project team meetings to drive and deliver outcomes	Culture, capacity and committment
NHS Confed / MH Improvement Team	Various	Med	Med	Provide tools & intelligence to enable and support delivery	Culture, capacity and committment

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Stakeholder Name	Job role details	Impact (High or low?)	Influence (High or low power?)	How could they contribute to the project?	How could they block the project?
NEE MH Programme Group	Various	Med	Med	Wider system input and knowledge	Change in strategic priorities
ICB Quality Committee	Various	Med	Med	Wider system input and quality advice	Quality Impact Assessment
NEE UEC Mental Health Task & Finish Group	Various	Med	Med	Wider system input and knowledge	Lack of support for the programme re ops delivery
ICB UEC Committee	Various	Med	Med	Wider UEC system input and knowledge	Change in strategic priorities
Lived experience panels / groups	Patient experience	Med	Med	Lived experiences of patients / stories	Lack of championing programme
Essex Police	Various	Low	Low	Insight	P{priorities unaligned
ECC Adult Social Care	Various	Med	Low	Commitment to work alongside project team and support with objectives	Capacity
ESNEFT acute and EPUT MH Crisis Teams	Various	Med	Low	Delivery of objectives and outcomes	Capacity, culture and committment
NEE Alliance Committee	Various	Low	Low	Wider system insight	Change in strategic priorities
VCSE partners	Various	Low	Low	VCSE view and support	Lack of championing programme / capacity
Local Authorities (TDC & CCC – i.e. Housing)	Various i.e. Housing Director	Low	Low	Support to deliver timely outcomes for patients and flow	Resource and capacity

5Ps

- This approach involves building the self-awareness of the team members working within a system.
- It helps you develop an understanding of the systems, processes and patterns that connect them
- The five Ps framework is used to describe the key components of the work of a microsystem and is used to guide investigations into areas of work, leading to the identification of improvement needs.

- The five Ps are:

1. **Purpose**: a clear, agreed and shared understanding of the fundamental aim of the team's work
2. **People:** the views, attitudes and experiences of the staff working within the microsystem
3. **Patients:** the characteristics, needs and views of the patients subject to the care of the microsystem
4. **Processes:** the routines and procedures for undertaking the work of the microsystem
5. **Patterns**: Data providing insight into the performance of the microsystem.

Purpose:	Reduce wait times for MH patients in Colchester ED and reduce patient harm.
People:	Observe and capture attitudes and behaviours of staff working in Colchester ED (acute and MH teams). What does good look like, where are we now, what actions are needed?
Patients:	Patients' stories – "what does good look like" and "where are we now".
Processes:	Site visit Staff survey Clear pathways of care Clear lines of communication Open, honest, understanding and respectful culture
Patterns:	NHSE data: Volume of presentations in ED Length of wait (front door at UTC through to MH intervention) Use of patient harm tool to assess level of harm

Further reading: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.sheffieldmca.org.uk/UserFiles/File/5Ps_One_Page_Book.pdf

MEASUREMENT TEMPLATE

Measurement Template

Being clear on who will collect what, when and how

Measure Definition What is the data you want to collect – define it	Type of measure Outcome Process Balancing Which one is it?	Concept Why Measure it?	Frequency How often will it be collected? Will it be all occurrences, a sample or snapshot?	Data Collection How will the data be collected? Is there a system? Will it be done manually?	Person Who will be the person responsible for collecting it?
Patient experience survey	Outcome	Measurement of where we are now, where we need to get to (Gold standard) to inform improvements and reach desired outcomes	A sample of patient feedback will be captured and reviewed (Sept/Oct) and end of project	Lived experience groups via Amy Poole (EPUT) and ESNEFT – who and how? VCSE organisations such as MNE MIND	EO
Family/Carers Feedback	Outcome	Measurement of where we are now, where we need to get to (Gold standard) to imform improvements and reach desired outcomes	A sample of carers / family feedback will be captured and reviewed (Sept/Oct) and end of project	Lived experience groups via Amy Poole (EPUT) and ESNEFT – who and how? VCSE organisations such as Carers First / Healthwatch	EO
Staff survey	Outcome	Measurement of where we are now, where we need to get to (Gold standard) to inform improvements and reach desired outcomes	A sample of staff feedback will be captured and reviewed (Sept/Oct) and end of project	Online and paper survey shared with staff – use of Lets Talk SNEE platform.	EO
Training impact data	Process	Measure impact of training on staff and patient experience & care	A sample of staff feedback will be captured and reviewed (Sept/Oct) and end of project	Online and paper survey shared with staff – use of Lets Talk SNEE platform.	AS / RE
UEC attendance and average length of stay in ED	Outcome	Measure impact of project on patient experience and care..To be shared with SRO's	Monthly	NHSE data system	JB