AIM STATEMENT PLANNING

Developing your project aim

Overall problem/area issue:	• Inability to meet basic needs of CYP in ED (e.g. beds, showers, food) particularly if they are there for an extended period of time • Limited understanding between services under high pressure of challenges • Rising complexity of cases, including CYP with autism • Delays in discharge for medically fit CYP due to social issues – need for data to evidence causes • Uncertainty around appropriate/safe and sustainable next steps for CYP beyond ED
Your purpose in wanting to improve this (WHY):	• Issues with timely access to appropriate care • Ensure high-quality and multi-agency coordinated care • Ensure clear and effective communication between teams • Ensure services provide psychological and emotional support for CYP • Ensuring children are directed to the right place as quickly as possible • Better mutual understanding of each service's role and pressures • A young person-focused approach rather than an escalation-driven one
Your proposed SMART aim statement:	By April 2026, we will reduce the emergency department length of stay to within 24 hours for 95% of children and young people (aged 0–17) presenting with a primary mental health and/or neurodiversity need. This aim seeks to improve patient experience and outcomes by ensuring timely, appropriate care and reducing unnecessary delays in treatment. This will be achieved by improved multi-agency communication and responsiveness and clarity of key stakeholder roles and responsibilities through the development of an improved CYP pathway.
What further scoping or tools will you use to understand the problem further:	• Data sets – establishing the baseline position • Process mapping of the current pathway and identifying barriers and gaps • Workforce/ resource review • Expert by experience focus group to hear and understand the experience of CYP and their carers within ED
What scale are you operating at within the system? (mico, meso or macro) and list the areas involved in your project	We are operating on a Meso level within the system as we are examining the health, social care, VCSE and public sector organisations, their policies, and how they function. We are focusing on one area of Kent and Medway which is West Kent. Those involved include Kent Police, Social Care, mental health providers, acute providers, VCSE providers, ICB, CYP and their carers.

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?)	**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
Kent Public Health Observatory have recently published some health indicators that demonstrate that West Kent are currently higher/worse than the England average for: • People aged 10-24 years admitted to hospital due to self-harm. • People aged 15-24 years admitted to hospital for substance misuse Based on local acute trust data, ED attendances within the Autism Spectrum Disorder population are disproportionately related to self-harm/overdose, particularly in the age 15-19 female population. People with Autism attending A&E in West Kent are: • 4.7 times more likely to attend for a mental health issue / self-harm. • spending on average 53% longer in department. • 2.4 times more likely to have a history of substance abuse. West Kent Partners recognise that there are high numbers of self-harm and mental health prevalence within the local CYP population and there is a growing need to act quickly and collaboratively to ensure that CYP are receiving the right care at the right time. We are hopeful that this programme will help us to identify new ways in which organisations in West Kent can work together to reduce ED attendances, admissions and waiting times in ED for CYP attending for mental health/ self-harm.	This project aims to deliver tangible improvements across systems and services that support children and young people (CYP) in crisis. The intended outcomes include: • Improved communication and collaboration between services involved in CYP crisis care. • Establishment of a multi-agency task force with clearly defined roles and responsibilities to drive timely coordinated action. • Development of a targeted improvement pathway for children and young people with neurodiversity needs who present at Emergency Departments (ED) without a clear medical or mental health need. • Identification of new opportunities for integrated working across crisis organisations in West Kent, with the goal of reducing: o Unnecessary ED attendances o Avoidable admissions o Excessive waiting times in ED for CYP presenting with mental health or self-harm concerns • Enhancement of care quality, safety, and experience for CYP and their families. These outcomes will be evidenced through improvements in: • ED waiting times • CYP attendance and admission rates • Quality and safety metrics such as incident data • Service user experience feedback

In Scope (what will be covered by the project)	**Out of Scope** (what will not be covered by the project)
Self-harm and overdose presentations of CYP up to the age of 17 and 364 days old Paediatrics beds usage for primary mental health and/or neurodiversity and subsequent length of stay Presenting in ED, under 18, with a primary MH crisis need and/or neurodiversity need	Adults aged 18 and over Reviewing community pathways Primary presentation of physical health need only for CYP Presentation of drugs and/or alcohol

Quality Impact (How will the project improve patient: experience, safety, outcomes, care, services or reduce risk/harm to patients?)	**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?)
• Service user experience feedback • Quality and safety metrics such as incident data • CYP attendance and admission rates for primary mental health and/or neurodiversity need • Kent & Medway ICB data (ED attendance, hospital admission, mental health data) at PCN, district, HCP and Kent & Medway level. – via Power BI • Paediatric and young adult beds usage for primary mental health and/or neurodiversity and subsequent length of stay	Qualitative themed data Number of patient safety incidents ED Performance data filtered by primary presentation and age range Bed occupancy and LoS over the last 12	Need to establish baseline Kent Public Health Observatory Data CAMHS High Intensity User (HIU) Review December 2024-June 2025 CHILDREN AND YOUNG PEOPLES COMPLEX AND	

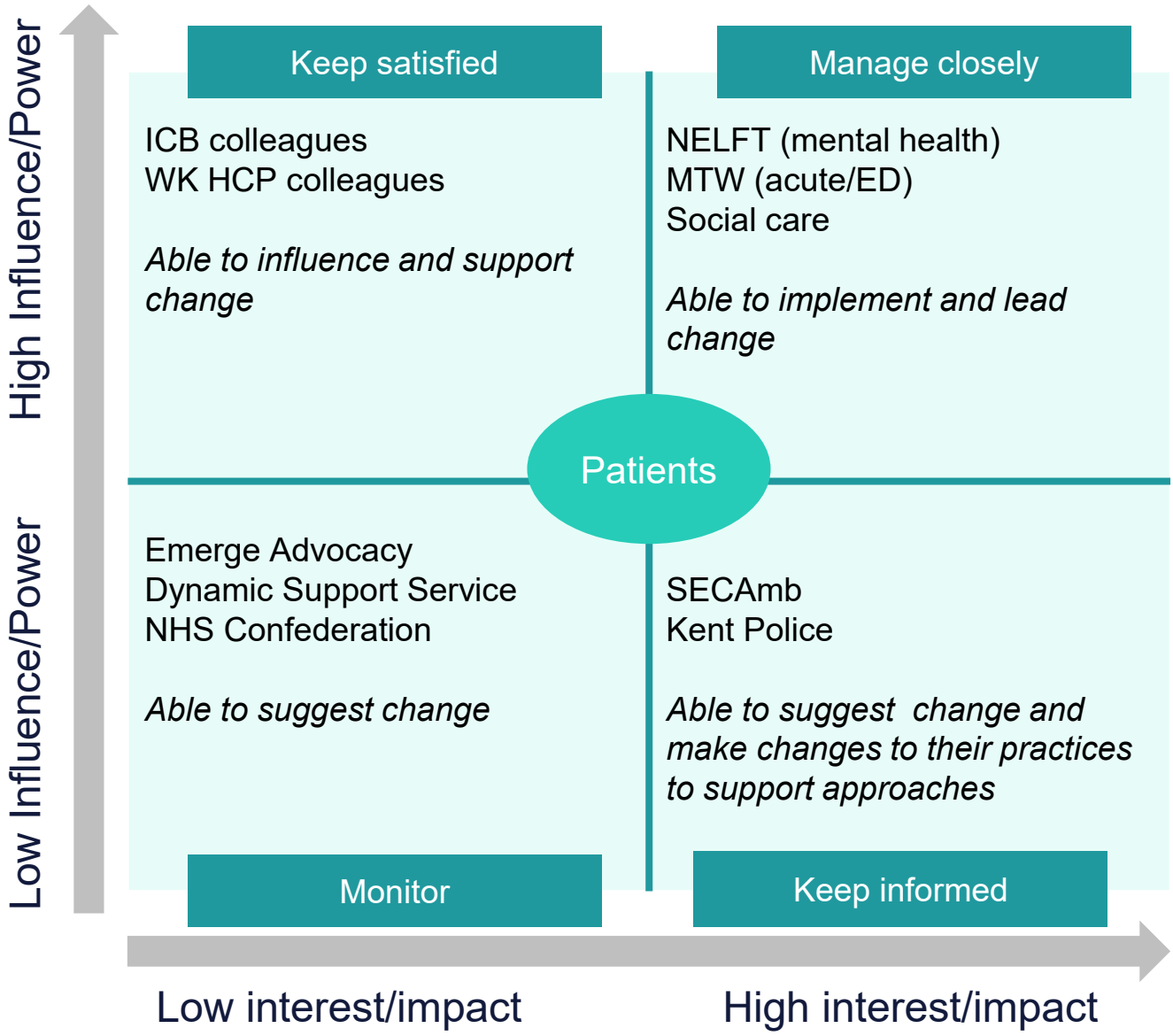
BUILDING RELATIONSHIPS

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?	Via project group meetings, emails, circulation of minutes and information. We will also use an online platform to share documents. We will share experiences within meetings. We will aim to shadow key roles linked to the CYP pathway.	**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?	We have booked in the action learning sets across the programme duration. All members will have the opportunity and space to share their views. We will build in informal catch ups where we are able to. We will aim to have at least three face to face meetings across the duration of the programme.	**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?	By providing a forum that is psychologically safe. Putting in place boundaries so stakeholders are clear on agreed expectations. Provide time in face to face meetings to network and engage with each other.	**What else?** What other ideas do you have on how you can build good engagement with other team members across the interface?

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?
NELFT (mental health)	Strategic clinical lead Patient flow lead Service lead Patient participation lead	High	High	Provide examples of issues/concerns. Help with process mapping. Support with improvement ideas and implementing change in practice.	Lack of engagement and investment in the programme. Not able to make changes. Not able to access or share information/data.
MTW (acute/ED)	Head of MH Paeds HoN Paeds ED Matron ED consultants	High	High	Provide examples of issues/concerns. Help with process mapping. Support with improvement ideas and implementing change in practice.	Lack of engagement and investment in the programme. Not able to make changes. Not able to access or share information/data.
Social care	WK assistant director	High	High	Provide examples of issues/concerns. Help with process mapping. Support with improvement ideas and implementing change in practice.	Lack of engagement and investment in the programme. Not able to make changes. Not able to access or share information/data.
ICB colleagues WK HCP colleagues	CYP commissioner Programme support BI specialist	Low	High	Provide HCP and system oversight and intelligence. Support the scalability and sustainability of the programme.	Lack of engagement and investment in the programme. Not able to influence. Not able to access or share information/data.
SECAmb Kent Police	Mental health lead Mental health team PC and sergeant	High	Low	Make changes to their practice when engaging with CYP in community settings and via conveyance to EDs. This will be directed by programme outcomes.	Lack of engagement and investment in the programme. Not able to access or share information/data.
Emerge Advocacy Dynamic Support	Project team member Service	Low	Low	Be part of the wider membership of the programme providing	Lack of engagement and investment in the programme. Not able

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?
Reduced length of stay	Outcome	To monitor progress in achieving the aim	Monthly	BI will pull the data from existing ED systems	BI specialist
Patient experience	Outcome	To understand CYPs experience and ensure we focus on the right improvement areas	Every six months	Focus groups	NELFT Participation Worker – CYPMHS Kent
Patient Reported Outcome Measures	Outcome	To understand impact on clinical care	Monthly	A PROM needs to be developed by NELFT to obtain a baseline which will then be repeated and monitored	Strategic Clinical Lead
ED readmission rates	Balancing	To understand if the changes around reduced LoS have caused an unintended consequence of more frequent attendances	Monthly	BI will pull the data from existing ED systems	BI specialist
Time from CAT referral to assessment in ED	Process	To understand the baseline and if the implemented improvements reduce this time	Monthly	Access to existing NELFT performance/KPI data	Strategic Clinical Lead
Staff experience	Balancing	To check that there is no increased workload or more challenges for staff due to the changes	Every six months	Surveys	Head of Mental Health
Patient and staff incident data	Process and outcome	To monitor if the data reflects the impact of changes made to the process and to monitor how the process is	Monthly	InPhase data	Head of Mental Health

Reflecting on Biases

Which ones do you witness? Which ones do you have?

AUTHORITY BIAS The tendency to attribute greater accuracy to the opinion of an authority figure and be more influenced by that opinion	**BANDWAGON EFFECT** The tendency to do (or believe) things because many other people do (or believe) the same.	**CONFIRMATION BIAS** The tendency to search for, interpret, focus on and remember information in a way that confirms one's preconceptions.
EMPATHY GAP The tendency to underestimate the influence or strength of feelings, in either oneself or others.	**FOCUSING EFFECT** The tendency to place too much emphasis on one aspect of an event.	**ILLUSORY CORRELATION** Inaccurately perceiving a relationship between two unrelated events.
MERE EXPOSURE EFFECT The tendency to express undue liking for things merely because of familiarity with them	**IKEA EFFECT** Place a disproportionately high value on objects that they partially assembled themselves - regardless of end quality	**SOCIAL COMPARISON BIAS** The tendency, when making decisions, to favour people who don't compete with one's own particular strengths.

Which ones do I witness?	Authority bias (decision making can be led by particular individuals which may or may not be based on hierarchy) Bandwagon effect (there are perceptions of how services function/work regardless of the facts) Focusing effect (focus is placed on escalation rather than the CYP)
Which ones do I display?	Mere exposure effect (regarding processes and approaches that currently exist) Focusing effect (focus is placed on escalation rather than the CYP) Authority bias (decision making can be led by particular individuals which may or may not be based on hierarchy) Bandwagon effect (there are perceptions of how services function/work regardless of the facts)
How will I recognize or challenge them?	By having a psychologically safe space to reflect and challenge biases that we observe and perceive. Ask for feedback from our each other and our facilitator.