



# Project Title – Improving MH care in Colchester ED

## Background

**Describe the problem:** Variable quality and experience of care for patients with MH needs, their families, carers, and staff in the Colchester Emergency Department or MH suite. Poor communication between MH and acute teams. Siloed protocols restricting collaborative care and patient flow.

**Why you want to tackle it:** To clearly define what good MH patient care looks like across ESNEFT/EPUT for patients with MH needs in Colchester ED.

**A bit about the project team that formed:** Team members from SNEE ICB, ESNEFT (acute), EPUT m(MH trust), Approved Mental Health Professionals (AMHPs) & Essex Police.



## Aim & Stakeholders

**Project aim statement:** By 31st March 2026, 100% of patients with mental health needs in ED will have an integrated care plan ensuring patient safety and shared decision-making by ESNEFT/EPUT/Patient/Family/Carer.

**Stakeholders engaged:** Patients/Carers, ESNEFT/EPUT staff, EEAST/MHRV, Essex Police, ECC ASC and SROs. The team reached a shared agreement on what to tackle based on patient/staff experience feedback and existing reports.



## Measurement

**Describe your measurement plan:** Existing patient, families/carers and staff experience reports/audits from SNEE ICB, ESNEFT and EPUT were used for benchmarking alongside quantitative data on training impact, attendance volumes, and average length of stay in ED.

**Intended outcomes and data collection:** Improved MH patient and staff experience in ED. Feedback is collected via surveys and ED visits by the patient experience team.



## Driver Diagram

PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
Establish efficient system protocols and processes	Back to basics document MH ED SOP Colchester ED notification & escalation tools	<ul style="list-style-type: none"> <li>Jointly develop and embed best practise principles in the ED</li> <li>Create an integrated care plan for every patient with MH needs in ED</li> <li>Establish a more consistent approach to monitor MH patient safety in ED</li> </ul>
Enhanced communication	Daily team huddles Regular communication with Family/Carers	<ul style="list-style-type: none"> <li>Promote joint ownership, positive team culture and better working relationships</li> <li>Enhance shared decision making</li> </ul>
Training & education	Mandatory ED staff training for supporting patients in MH crisis Local clinical leadership	<ul style="list-style-type: none"> <li>Adequate skill acquisition to support patients with MH needs in the ED</li> <li>Culture changes and leadership by example</li> </ul>
Other wider system programmes & interdependent projects	Crisis alternative services, UEC MH Link workers and the new MH ED Diversion Pathway	<ul style="list-style-type: none"> <li>To improve awareness, communication with patients/families, support increased ED diversion, enhance patient flow</li> </ul>



## PDSA cycles/testing

### What changes are you testing, why and how is it going?

We are testing the number of patients with MH needs in ED who have a completed integrated care plan.

A complete integrated care plan demonstrates ongoing communication, joint ownership, working relationships and shared responsibility of patients with MH needs between acute and MH teams in ED.



## Intended/outcomes

### Achievements so far:

- Established clear and efficient protocols to achieve the agreed individual outcomes for MH patients in ED.
- Jointly owned and regularly reviewed plan of care and support for most MH patients in the ED.
- Enhanced communication and relationships across acute and MH teams.



## General Reflections

Local clinical leadership has been invaluable in supporting the project's implementation.

Collaboration across all staff groups and some reverse governance could empower early/mid-level staff to lead on change. Providing opportunities to collaborate and build better relationships across organisational teams will increase staff confidence and the culture of care patients experience.



## Next & sustainability

How will you keep moving forward as a team? What sustainability factors are you thinking of working on?

Team members from ESNEFT and EPUT will co-own the agreed action plan to implement the improvements, address the learnings, communicate with acute and MH teams in the ED, and ensure the recommendations are put into daily practice.

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