

Project Charter for Integrated Care

What are you trying to accomplish (your aim statement)?

This is a brief statement (2-3 sentences) of what you intend to accomplish. Outline how much improvement is to be achieved. And when you expect to achieve this by. Be realistic here. Your aspirations should be balanced by some idea of how you can get there (your initial ideas for change which will be listed below).

Example

By December 2025, NHS boards Dermatology Services non urgent pathway will successfully balance their new demand and capacity to reduce overall waiting times.

Why is this important (the rationale and business case for your improvement project)?

- What problem will the work address and what is the impact of doing nothing?
- How do you know this is a problem and what is your starting position?
- How big a gap is there between where you are and where you want to be?
- How does your aim fit into the strategic vision of your organisation?
- What is the expected impact (outcomes, benefits, cost)
- Why do you believe the timescale you have set is realistic

Example

Improving integrated care pathways is both a local and national priority in support of the reduction of waiting times, improved access to integrated care and better service user outcomes and experiences.

This project is focussed on the Dermatology Services non-urgent pathway. Patients on this pathway are currently waiting 32+ weeks for their initial appointment. An audit of the current waiting list suggests that around 40-50% of patients could have been vetted upon referral and routed back to primary care with clinical advice. In some cases, patients could have been given self-management information and discharged.

It is thought that if demand can be reduced, then capacity can be released and routed to other parts of the service currently experiencing similar waiting time's challenges for e.g. urgent suspicion of

cancer. It is also believed that earlier vetting and communication will increase service user experience.

What is the scope of your project?

- Who, specifically, will be affected by the success or failure of this project (children impacted by your services, staff, patients, community, etc?)
- How many people/how large an area is included in your project?
- Are there any processes/areas of work associated with the problem that won't be included in your project?

Example

This project is focussed on the patients referred into the Dermatology Services non-urgent pathway.

Staff working across the entire pathway, primary and secondary will be impacted by any changes tested and implemented. This will be reflected in the stakeholder analysis.

This project will be focused initially on new demand. While follow-up demand has been identified as a priority area this work will come later and will be informed by the learning and outcomes of this project.

How will you know that a change is an improvement?

What measures will you use to help you monitor progress towards your goal? These should include:

- Outcome – how you will track the progress of your improvement aim.
- Process – how you will know the parts of the system you are trying to change (to get you to your improvement aim) are performing and the impact of your changes on these.
- Balancing – areas you need to keep watch in case your action has a unintended impact on other parts of the system or to see if something unrelated to your project is influencing project success.

Example

- Balance between outpatient demand and capacity for new appointments
- Referrals not added to the waiting list expressed as a whole number or a percentage of the total referrals.
- Percentage of new patients that waited less than 12 weeks for an outpatient appointment.

These measures reflect the main outcomes at present. Process and balancing measure will be developed and refined as the project team come together to understand the changes that will be tested.

What changes can you make that will lead to improvement?

- Do you have some initial ideas that your team can test to move toward your goal? What can you change about how your processes and system currently operate to make things better? Tasks and activities are different to change ideas and should not be included here. They are included in the next section.
- Is there evidence about what works?
- What are the subject experts telling you?
- Have you conducted any 'as is' analysis, e.g. cause and effect, process mapping that has generated change ideas?

Example

- Scottish Access Collaborative have shared a number of resources relating to the endorsed challenges e.g. Active Clinical Referral Triage, a standard approach to vetting that can help reduce demand.
- The use of digital systems to support vetting and offering virtual appointments to maximise capacity.
- New referral guidance to support GPs referring into secondary care.
- Improved patient information to support patient choice and expectations.

These change ideas are subject to change as the team form and more information is available.

What initial activities do you have planned?

These are the *tasks* associated with your project (not to be confused with change ideas) e.g. setting up an improvement team, gathering baseline data, and applying improvement tools to help you understand how things are currently working to help identify change ideas.

Example

- Send an email to the proposed project team outlining the high level plan and objectives
- Hold the first project team meeting, ensure virtual attendance is possible
- During the first session,
 - Agree the terms of reference, including any stakeholders missing from the group and extend the invite
 - Agree the high level project plan
 - Discuss roles and responsibilities
 - Agree the plan to better understand the system at next meeting and what can be done 'offline'

Participation (Team membership) and Leadership support

Who is in your improvement team? People to consider:

- subject matter expert
- process owners who can make changes

- representatives of those impacted by your project: families, young people, patients, customers etc
- finance representative, if needed
- a sponsor with links to executive level for leadership support

Example

- lead to co-ordinate the project and facilitate the team,
- service leads (clinical and non-clinical) who have the authority to change processes,
- representatives impacted by the intervention, this could be other departments, GPs, patients, etc.,
- a quality improvement practitioner to provide advice,
- a data analyst to provide support accessing and interpreting data, and
- a sponsor to provide executive level support.

What may risk the success of your project?

List any risks associated with your project and any action you have planned to monitor or manage these.

Example

Other demands and pressures on staff time leading to a lack of engagement and follow through of actions.