Demand, Capacity & Flow QI Collaborative

Thursday 16 July 2026

Demand, Capacity & Flow
Quality Improvement Collaborative

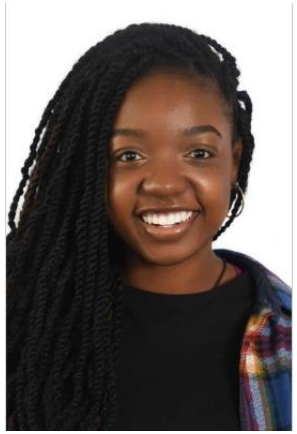
RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Welcome from our team!

Bethan
QI Coach

Caitlin
QI Coach



Delicha
QI Coach

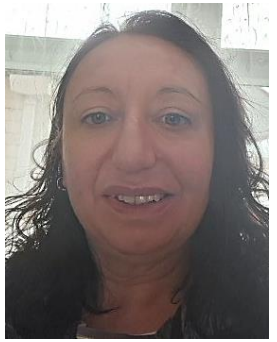
Rianna
QI Coach

Niamh
QI Coach

Josh
QI Coach

Renata
Senior QI Advisor

Lucy
Patient Representative



Mary
Patient Representative

Katherine
Project Manager

Housekeeping

- No fire alarm tests are planned for today.
- Toilets are located to the right of the lifts on level 1 and the ground floor.
- Lunch will be from **12:35 - 13:20** in **Room 1.6.**
- **Room LG02 (lower ground)** is available if anyone needs to take a break at any point or needs some space on their own.
- If you need to take a phone call or tend to an email during a presentation, please kindly leave the room.
- We'll be taking a few photos today, if you'd prefer not to appear in photos, please let a member of the team know.

Our shared principles

Collaborative learning – Make the most out of the session, whatever that looks like for you.

Respect privacy – Protect carefully the privacy of the storyteller. Ask what parts, if any, you can share with others.

Approach with kindness and curiosity – We've all been through stuff so let's look after each other in this space.

Diversity of views – respecting different viewpoints and experiences and being okay with sometimes disagreeing.

Language is important – be mindful of how you speak to and about the people around you – it should support the building of trusting relationships.

Be kind to yourself – take breaks if needed, use our quiet space.

Today's agenda

Time	Item
10:00 – 10:15	Welcome, housekeeping & recap
10:15 – 10:30	Warm up activity
10:30 – 11:15	Language matters: Using person-centred language in mental health care
11:15 – 11:35	**BREAK**
11:35– 12:35	World café conversations
12:35 – 13:20	**LUNCH**
13:20 – 13:30	Post lunch energiser
13:30 – 14:10	Equity and co-production follow-up
14:10 – 14:50	Working on your projects
14:50 – 15:00	Final reflections and close
15:00 – 15:30	Optional time with your coach

Recap

Where we are at

Testing changes measuring progress, implementing successful changes

Apr 2025

Jul 2025

Oct 2025

Jan 2026

April 2026

Jul 2026

Oct 2026

Jan 2027

Apr 2027

Change ideas being planned or tested

GP flow chart: Improve GP's understanding of referral process and signposting

Review of parent and school packs: Improve qualitative information provided, making it easier for packs to be returned more quickly (increase efficiency)

Assessment clinic checklist: Clinician's to be more prepared for assessment clinic to increase confidence and reduce time spend in clinic (diary management)

Use AI (Copilot, Anathem) for clinical documentation - ADHD reports, reviews, GP letters

Streamline ADHD assessment paperwork: to reduce duplication of clinical information, reduce time between diagnostic decision and families receiving report and freeing up staff time

What to expect video: Give clear information to young people and carers on what to expect from the service (to reduce DNAs and improve predictability and support)

Offering non-pharmacological support to young people on both ADHD and core CAMHS waiting lists not receiving intervention to offer a therapeutic intervention and prevent escalation while they wait

Connecting to each other

10 mins

On your table…

---

*Share your skills, interests and passions and how many **years' experience** you have in these in total*

What do you notice…?

Something you have in common? Something surprising?

The Power of Words

Language Matters: Using Person-Centred Language in Mental Health Care

Michelle Karpus

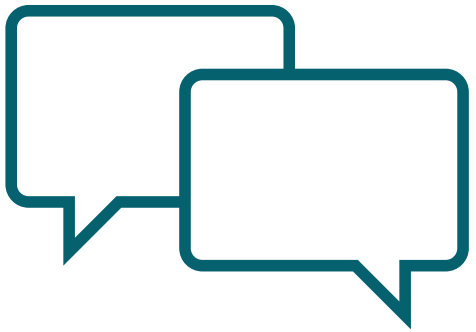
Expert by Experience, Hertfordshire Partnership NHS Trust

Lucy Jenkinson

Patient Representative, National Collaborating Centre for Mental Health (NCCMH)

Content warning

- We will talk about difficult experiences, which may connect with people in different ways.
- Look after yourself and step out of the room at any point if you need to (there is a quite room on the lower ground floor).
- You can approach anyone from the delivery team if you would like to have a conversation outside the room.



Activity –

Name two adjectives that you think people would use to describe you

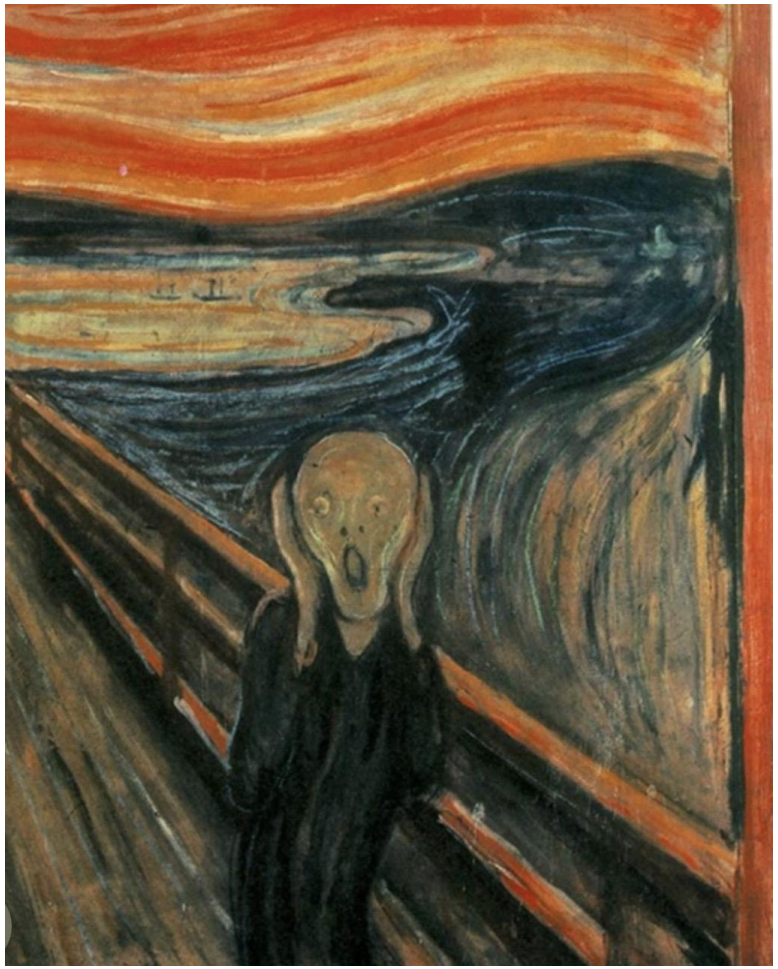
Learning outcomes

By the end of this session, you will be able to:

- Recognise how language can affect patient experiences and outcomes.
- Identify potentially stigmatising or judgemental language.
- Rewrite unhelpful phrases.
- Reflect on communication and documentation practices.
- Commit to one practical change in everyday work.

Patient perspective

We are going to share some of our experiences of language and how it made us feel...



The word discharge

For many mental health patients, the word **"discharge"** can carry meanings beyond simply leaving hospital or a service and triggers such fears as:

- Being abandoned or "left on your own."
- Not being ready to cope outside hospital. Losing trusted relationships with staff.
- Feeling that their concerns are no longer being taken seriously.
- Fear of relapse without immediate support.

Alternatives to discharge

- "Planning your next stage of support."
- "Moving on to community care."
- “Transferring you back to your GP/community."
- "Working together on your plan for leaving hospital."

These alternatives emphasise that support continues rather than suddenly ending, which can help reduce anxiety and encourage patients to feel involved in the process.

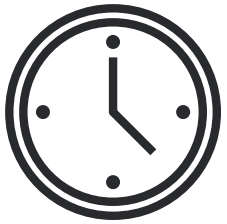
The hidden impact of language

Label	Possible Impact
Attention-seeking	Dismisses distress
Non-compliant	Places blame on patient
Difficult patient	Creates bias from staff
Manipulative	Encourages judgement
Frequent attender	Can reduce empathy

Trauma-informed communication

- **Every interaction can either increase distress or promote safety and recovery.**
- **Be curious, not judgmental** – ask *"What has happened to you?"* rather than *"What's wrong with you?"*
- **Use calm, respectful language** – avoid blame, criticism or labels.
- **Offer choice and collaboration** – involve people in decisions whenever possible.
- **Be honest and transparent** – explain what is happening and why.
- **Validate emotions** – acknowledge that distress often makes sense in the context of a person's experiences.

Remember: The words we choose can build trust - or unintentionally recreate feelings of fear, shame or powerlessness.



10 minutes

Activity – Practise rewriting unhelpful phrases

On your tables, there are examples of unhelpful phrases, and in the next column we'd like to ask you to rewrite them.

Are you bringing in lived experience in your projects?

- Language can be alienating (for example, not using acronyms).
- How could you improve the experience of the experts by experience (for example, allowing space to talk)?

Example of language related change

Co-produced from Wave 1 of DCF

- The language is more welcoming
- The information is clear, and the overall tone is less intimidating
- There are no threatening comments about being discharged
- It also explains what will happen on the day

Key takeaways

- Language affects therapeutic relationships and influences perceptions.
- Stigmatising labels can influence clinical decision-making.
- Use trauma informed communication verbally and in letters.
- Small changes can have a significant effect.

Remember...

Language costs nothing to change, but it can change everything for the person receiving care.

People may forget exactly what was said, but they rarely forget how your words made them feel.

Personal reflection

5 minutes

One phrase I use that I will reconsider:

……

One thing I learned today:

……

One change I will make:

……

Comfort break

11:15-11:35

World café conversations

- **A networking space to connect with each other and hear about the work going on in the Collaborative.**
- Teams will be sharing their work.
- This is an informal, conversational space. Ask questions, share examples of your work, take ideas back to your project.

You will have **15 mins per room**	Rotate to another room	**3 rotations**

Team sharing and networking

Location		Team
Breakout rooms	**Room 1.1**	TEWV, North Yorkshire ADHD Assessment Pathway **PDSA: Streamlining our assessment paperwork from initial session to final report**
	Room 1.2	Nottinghamshire Healthcare Trust - Psychological Waits Team **PDSA: Testing early psychology involvement in assessment**
	Room 1.3	Central and North West London - Westminster CAMHS **PDSA: Start collaboration with young adult psychiatrist consultant to smoothly transition for 17–18-year-olds**

Lunch

12:35 - 13:20

Post lunch energiser

Bethan Warner
QI Coach

COUNTRIES OF THE WORLD QUIZ!

- 10-minute energy reset
- Getting ourselves back online
- Working as a whole table
- Phones away please ☺

On your table...

Find your POST LUNCH QUIZ ANSWER SHEETS (1 per person)

1. **1 MINUTE**
   to answer the question by yourself

2. **2 MINUTES**
   to share your answers with the group

3. Nominate someone from your table to feedback an answer from your team

Question...

Name as many **countries starting with the letter N** as you can

1. **1 MINUTE** to answer the question by yourself

2. **2 MINUTES** to share your answers with the group

We will ask each table for ONE answer

If no other tables have the same answer your team gets **2 points**

If another table has that answer, your team gets **1 point**

We go round until we run out of answers

Post lunch energiser

Bethan Warner
QI Coach

Equity and coproduction follow-up

Rianna Herbert and **Caitlin Cockcroft**
QI Coaches

Importance of equity - refresher

1. Impact of inequity on access, experience, and outcomes
2. Reflecting on why inequity is so important for your service
3. How we can achieve equity in mental health care
4. Risk factors for inequitable care
5. Equality vs. Equity

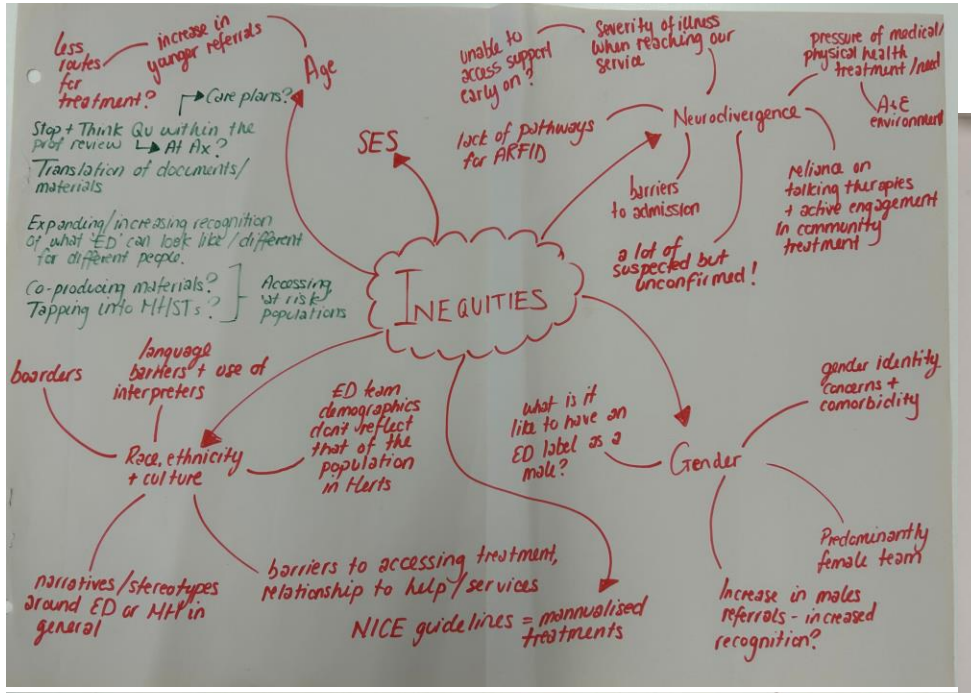
Importance of equity – teamwork refresher

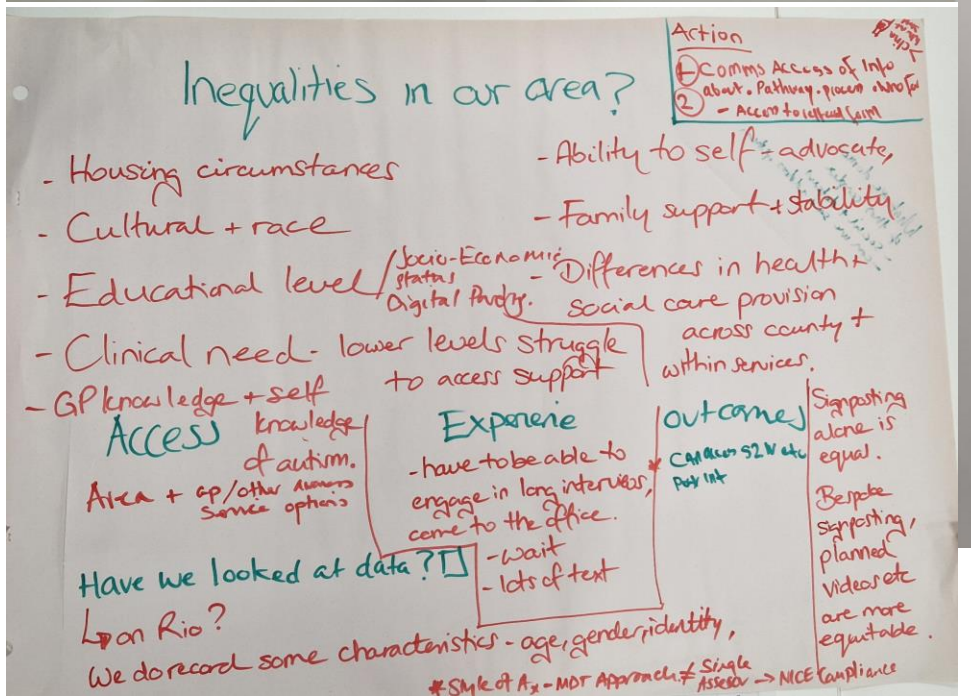
In your teams, we asked you to discuss…

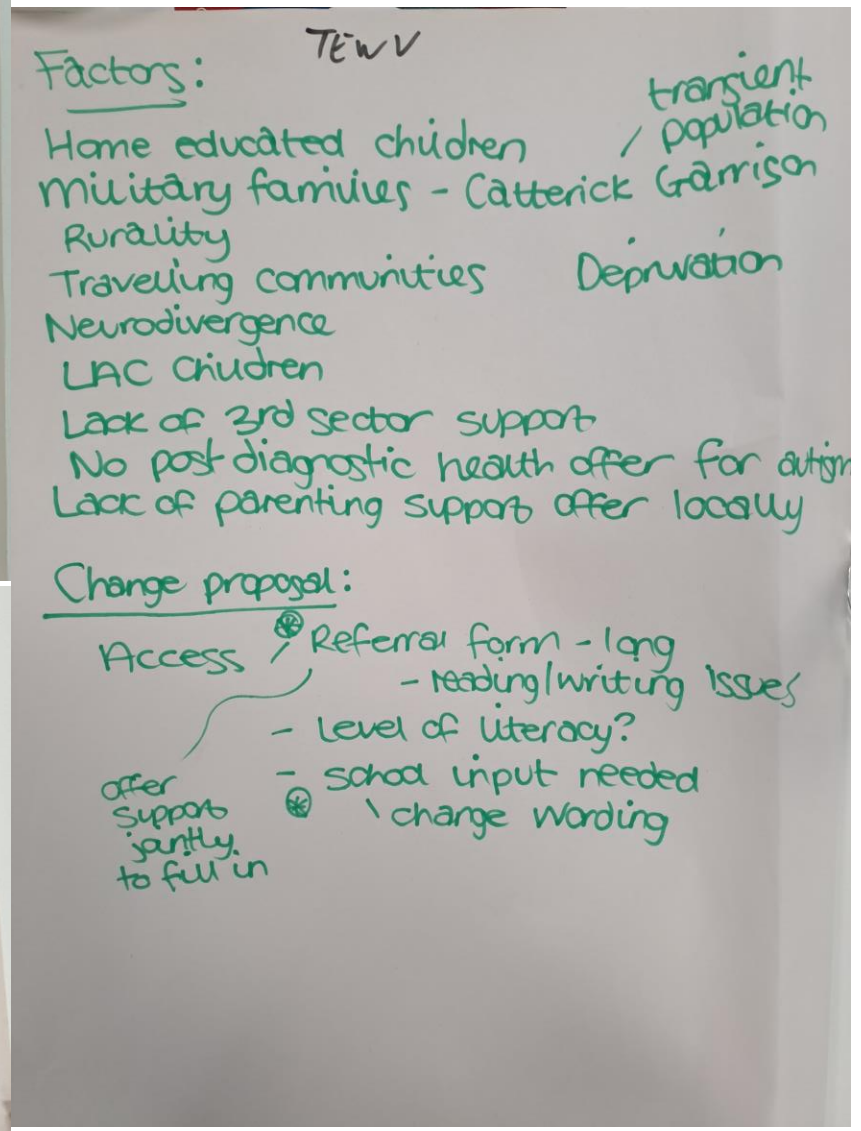
- What are the inequities in your local area / service? Have you looked at data? Which groups are at disadvantage when it comes to access, experience and outcomes?
- Think about one or more change idea(s) you're currently testing / planning to test. Are they equal and equitable, or just equal?
- Can you think of change ideas to address inequity in your service?

- And to **identify at least one action to take forward.**

Importance of equity – refresher







Importance of equity – Widening the gap

- Thinking about equity can be difficult as a team and there may be a need for uncomfortable conversations which is okay and actively encouraged
- Equity is not a one size fits all approach and there is going to be different ways of how you as a service wants to approach it
- Important to think of the systems, tools, resources that can contribute to inequity
- Change ideas can show that unintentionally the system creates a wider gap

Importance of equity – Example Change idea

- Change idea is to **reduce people not attending their first appointment**,
- Team to look at the data on that - is there a difference in eg. ethnicity within the data
- It would not be that the team is taking an active decision to add on to the inequity
- The system itself has not been set up to consider ethnicity when we make changes in our processes
- We can accidently disadvantage and create a wider gap not intentionally

Importance of equity – teamwork

10 mins

In your teams, discuss…

- How you got on with the action(s) you planned to take forward last time. What worked? What came from it? What are you doing next?
- Any other change idea(s) that came about relating to inequity since the last event.
- How you involved people with lived experience of such inequity/ies in planning or studying the change idea(s).

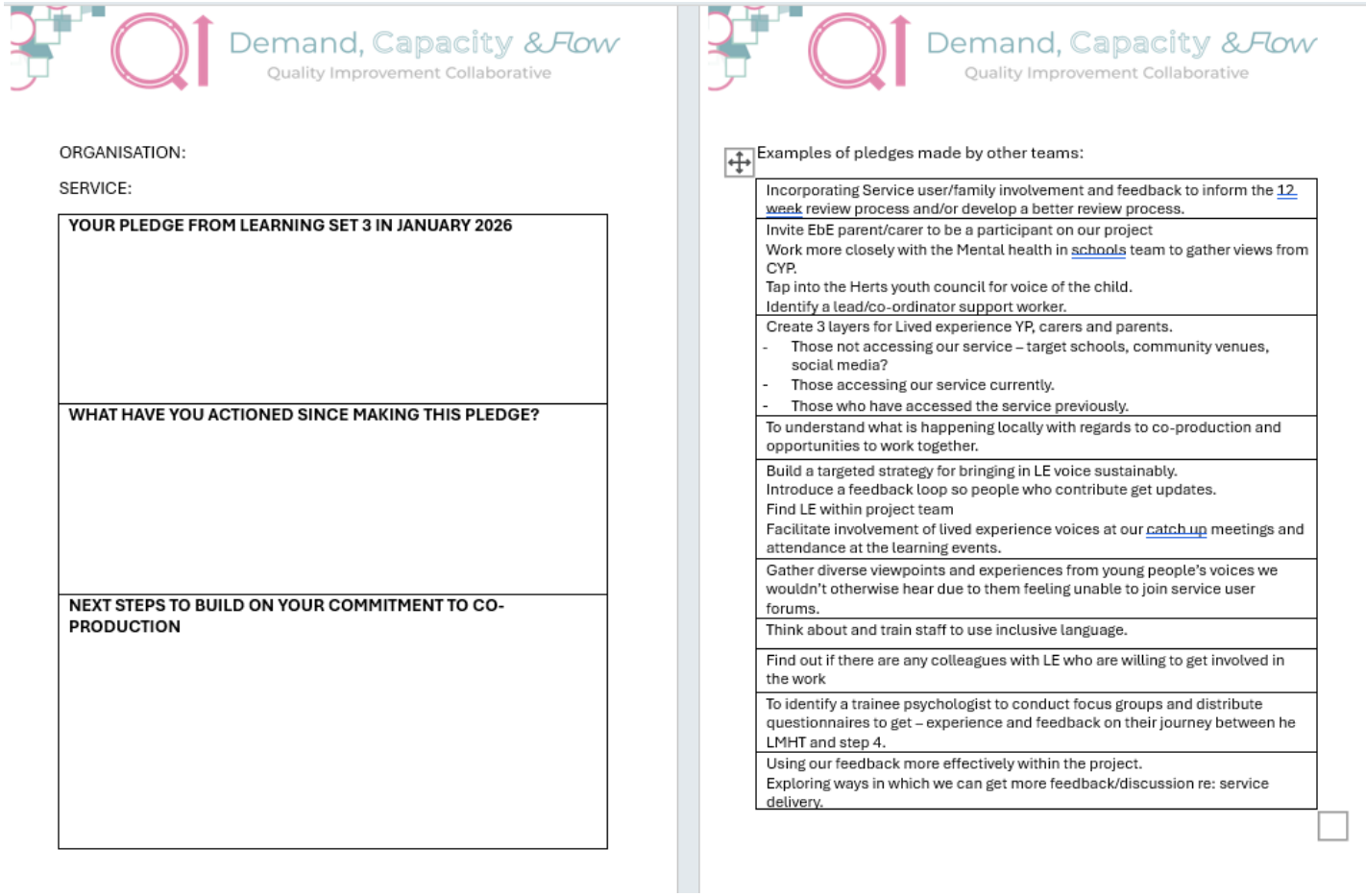
Discussion

- **State the key area of inequity you are focusing on in your project.**
- **Identify one more action to take forward.**
- **Make a pledge for how you will protect time to reflect on inequity when you go back.**

Lived Experience pledges – refresher

In your teams, we asked you to reflect on…

- What you did to take action on your pledge since the last learning set?
- What next steps you could take to build on your commitment to co-production?



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ORGANISATION:

SERVICE:

YOUR PLEDGE FROM LEARNING SET 3 IN JANUARY 2026
WHAT HAVE YOU ACTIONED SINCE MAKING THIS PLEDGE?
NEXT STEPS TO BUILD ON YOUR COMMITMENT TO CO-PRODUCTION

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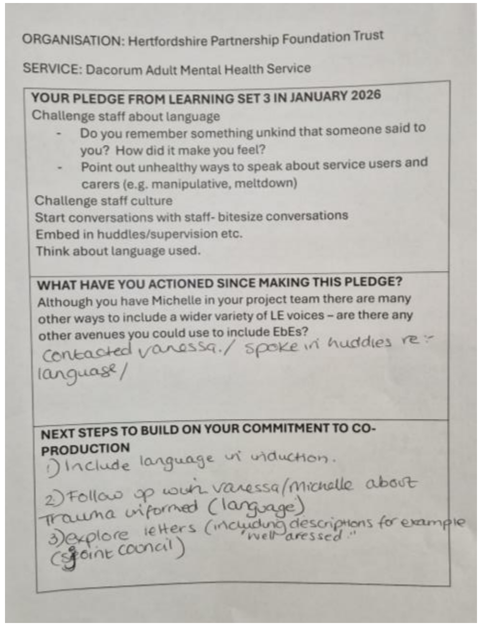
Examples of pledges made by other teams:

Incorporating Service user/family involvement and feedback to inform the 12 week review process and/or develop a better review process.
Invite EbE parent/carer to be a participant on our project Work more closely with the Mental health in schools team to gather views from CYP. Tap into the Herts youth council for voice of the child. Identify a lead/co-ordinator support worker.
Create 3 layers for Lived experience YP, carers and parents. - Those not accessing our service – target schools, community venues, social media? - Those accessing our service currently. - Those who have accessed the service previously.
To understand what is happening locally with regards to co-production and opportunities to work together.
Build a targeted strategy for bringing in LE voice sustainably. Introduce a feedback loop so people who contribute get updates. Find LE within project team Facilitate involvement of lived experience voices at our catch up meetings and attendance at the learning events.
Gather diverse viewpoints and experiences from young people's voices we wouldn't otherwise hear due to them feeling unable to join service user forums.
Think about and train staff to use inclusive language.
Find out if there are any colleagues with LE who are willing to get involved in the work
To identify a trainee psychologist to conduct focus groups and distribute questionnaires to get – experience and feedback on their journey between he LMHT and step 4.
Using our feedback more effectively within the project. Exploring ways in which we can get more feedback/discussion re: service delivery.

Lived Experience pledges – refresher


ORGANISATION: Hertfordshire Partnership Foundation Trust

SERVICE: Dacorum Adult Mental Health Service

YOUR PLEDGE FROM LEARNING SET 3 IN JANUARY 2026

Challenge staff about language
- Do you remember something unkind that someone said to you? How did it make you feel?
- Point out unhealthy ways to speak about service users and carers (e.g. manipulative, meltdown)

Challenge staff culture
Start conversations with staff- bitesize conversations
Embed in huddles/supervision etc.
Think about language used.

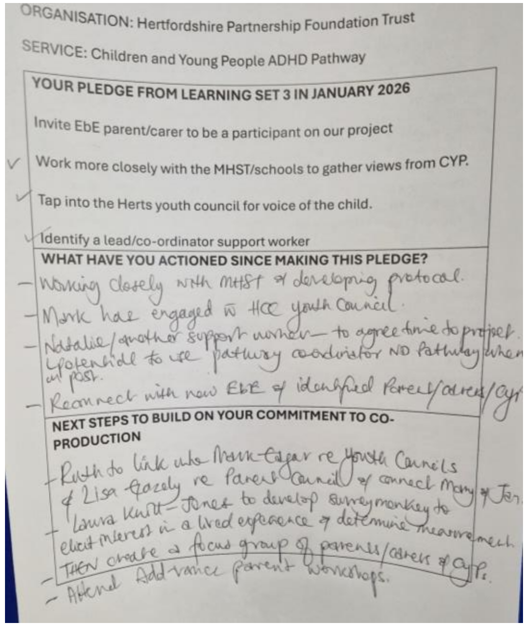
WHAT HAVE YOU ACTIONED SINCE MAKING THIS PLEDGE?

Although you have Michelle in your project team there are many other ways to include a wider variety of LE voices – are there any other avenues you could use to include EbEs?

Contacted Vanessa./ spoke in huddles re:- language/

NEXT STEPS TO BUILD ON YOUR COMMITMENT TO CO-PRODUCTION

1) Include language in induction.
2) Follow up with Vanessa/Michelle about Trauma informed (language)
3) Explore letters (including descriptions for example "well-dressed") (joint council)


ORGANISATION: Hertfordshire Partnership Foundation Trust

SERVICE: Children and Young People ADHD Pathway

YOUR PLEDGE FROM LEARNING SET 3 IN JANUARY 2026

Invite EbE parent/carer to be a participant on our project

✓ Work more closely with the MHST/schools to gather views from CYP.

✓ Tap into the Herts youth council for voice of the child.

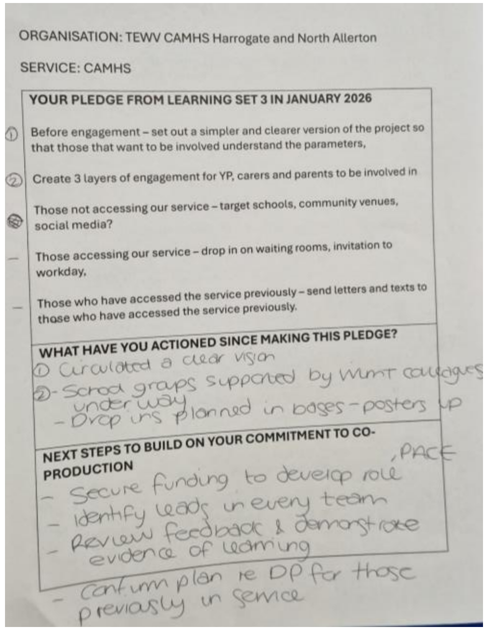
✓ Identify a lead/co-ordinator support worker

WHAT HAVE YOU ACTIONED SINCE MAKING THIS PLEDGE?

- Working closely with MHST & developing protocol.
- Mark has engaged w HCC youth Council.
- Natalie/another support worker – to agree time to project. Lofenhill to use pathway coordinator NO Pathway when in post.
- Reconnect with new EbE & identified Parent/carers/CYP

NEXT STEPS TO BUILD ON YOUR COMMITMENT TO CO-PRODUCTION

- Ruth to link with Mark-Eapen re Youth Councils & Lisa Eccely re Parents Council & connect Mary & Jen. Laura Knott-Jones to develop surveymonkey to elicit interest in a lived experience & determine measures/mech. THEN create a focus group of parents/carers & CYP.
- Attend Add-vance parent workshops.


ORGANISATION: TEWV CAMHS Harrogate and North Allerton

SERVICE: CAMHS

YOUR PLEDGE FROM LEARNING SET 3 IN JANUARY 2026

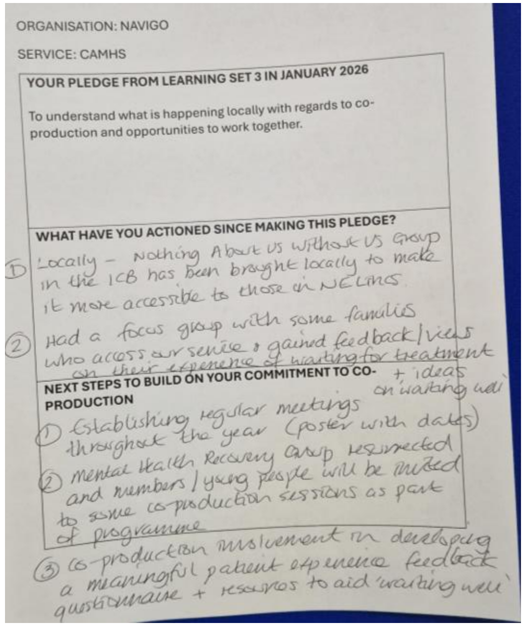
1. Before engagement – set out a simpler and clearer version of the project so that those that want to be involved understand the parameters,
2. Create 3 layers of engagement for YP, carers and parents to be involved in
3. Those not accessing our service – target schools, community venues, social media?
- Those accessing our service – drop in on waiting rooms, invitation to workday,
- Those who have accessed the service previously – send letters and texts to those who have accessed the service previously.

WHAT HAVE YOU ACTIONED SINCE MAKING THIS PLEDGE?

1. Circulated a clear vision
2. - School groups supported by MHST colleagues underway
 - Drop ins planned in bases - posters up

NEXT STEPS TO BUILD ON YOUR COMMITMENT TO CO-PRODUCTION

- Secure funding to develop role, PACE
- Identify leads in every team
- Review feedback & demonstrate evidence of learning
- Confirm plan re DP for those previously in service


ORGANISATION: NAVIGO

SERVICE: CAMHS

YOUR PLEDGE FROM LEARNING SET 3 IN JANUARY 2026

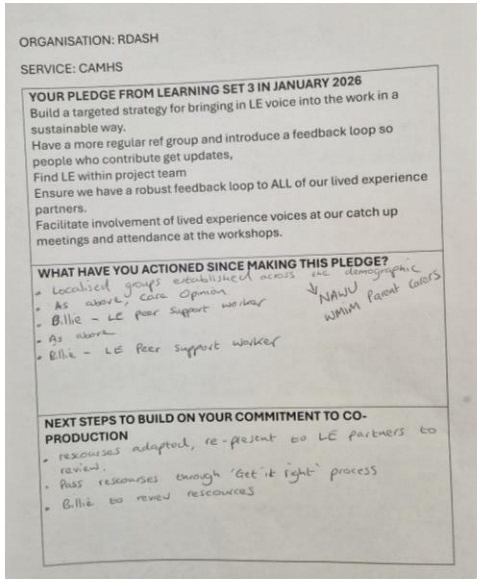
To understand what is happening locally with regards to co-production and opportunities to work together.

WHAT HAVE YOU ACTIONED SINCE MAKING THIS PLEDGE?

1. Locally – Nothing About Us Without Us Group in the ICB has been brought locally to make it more accessible to those in NELincs
2. Had a focus group with some families who access our service & gained feedback/views on their experience of waiting for treatment + ideas on waiting well

NEXT STEPS TO BUILD ON YOUR COMMITMENT TO CO-PRODUCTION

1. Establishing regular meetings throughout the year (poster with dates)
2. Mental Health Recovery Group resurrected and members / young people will be invited to some co-production sessions as part of programme
3. Co-production involvement in developing a meaningful patient experience feedback questionnaire + resources to aid 'waiting well'


ORGANISATION: RDASH

SERVICE: CAMHS

YOUR PLEDGE FROM LEARNING SET 3 IN JANUARY 2026

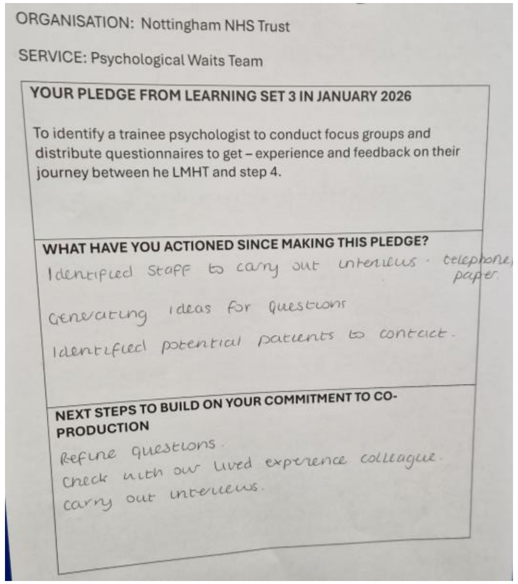
Build a targeted strategy for bringing in LE voice into the work in a sustainable way.
Have a more regular ref group and introduce a feedback loop so people who contribute get updates,
Find LE within project team
Ensure we have a robust feedback loop to ALL of our lived experience partners.
Facilitate involvement of lived experience voices at our catch up meetings and attendance at the workshops.

WHAT HAVE YOU ACTIONED SINCE MAKING THIS PLEDGE?

- Localised groups established across the demographic care Opinion NAWU WMHM Parent Carers
- As above
- Billie – LE peer support worker
- As above
- Billie – LE Peer support worker

NEXT STEPS TO BUILD ON YOUR COMMITMENT TO CO-PRODUCTION

- resources adapted, re-present to LE partners to review.
- Pass resources through 'Get it right' process
- Billie to review resources


ORGANISATION: Nottingham NHS Trust

SERVICE: Psychological Waits Team

YOUR PLEDGE FROM LEARNING SET 3 IN JANUARY 2026

To identify a trainee psychologist to conduct focus groups and distribute questionnaires to get – experience and feedback on their journey between he LMHT and step 4.

WHAT HAVE YOU ACTIONED SINCE MAKING THIS PLEDGE?

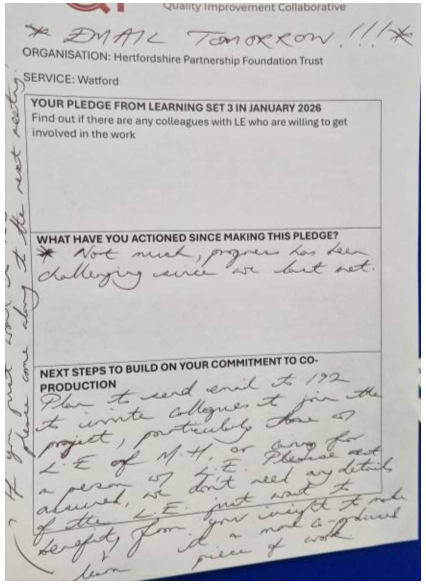
Identified staff to carry out interviews telephone/paper.

Generating ideas for questions

Identified potential patients to contact.

NEXT STEPS TO BUILD ON YOUR COMMITMENT TO CO-PRODUCTION

Refine questions.
Check with our lived experience colleague.
Carry out interviews.


Quality Improvement Collaborative

* EMAIL TOMORROW!!! *

ORGANISATION: Hertfordshire Partnership Foundation Trust

SERVICE: Watford

YOUR PLEDGE FROM LEARNING SET 3 IN JANUARY 2026

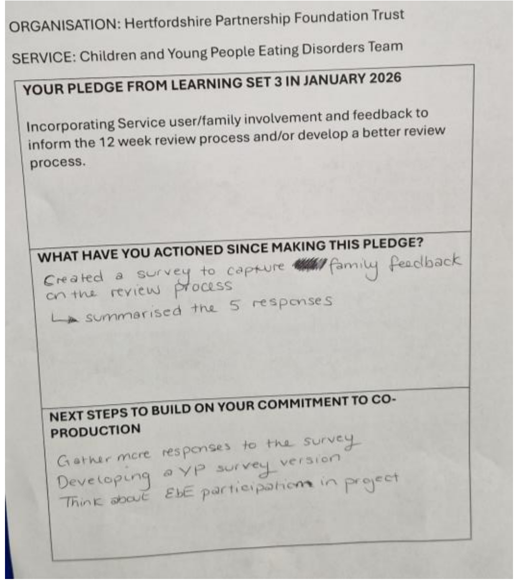
Find out if there are any colleagues with LE who are willing to get involved in the work

WHAT HAVE YOU ACTIONED SINCE MAKING THIS PLEDGE?

* Not much, progress has been challenging since we last met.

NEXT STEPS TO BUILD ON YOUR COMMITMENT TO CO-PRODUCTION

Plan to send email to 172 to invite colleagues to join the project, particularly those who are LE of M.H. or caring for a person of LE. Please note it is not necessary to disclose the LE. Just want to know if they would be interested to make a difference.


ORGANISATION: Hertfordshire Partnership Foundation Trust

SERVICE: Children and Young People Eating Disorders Team

YOUR PLEDGE FROM LEARNING SET 3 IN JANUARY 2026

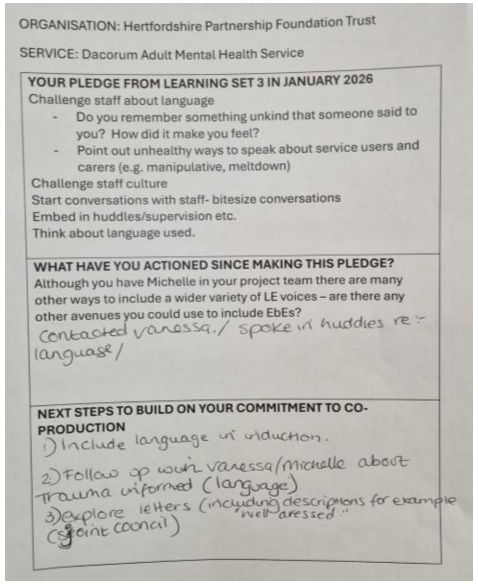
Incorporating Service user/family involvement and feedback to inform the 12 week review process and/or develop a better review process.

WHAT HAVE YOU ACTIONED SINCE MAKING THIS PLEDGE?

Created a survey to capture family feedback on the review process
↳ summarised the 5 responses

NEXT STEPS TO BUILD ON YOUR COMMITMENT TO CO-PRODUCTION

Gather more responses to the survey
Developing a YP survey version
Think about EbE participation in project



ORGANISATION: Hertfordshire Partnership Foundation Trust

SERVICE: Dacorum Adult Mental Health Service

YOUR PLEDGE FROM LEARNING SET 3 IN JANUARY 2026

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Lived Experience pledges – teamwork

10 mins

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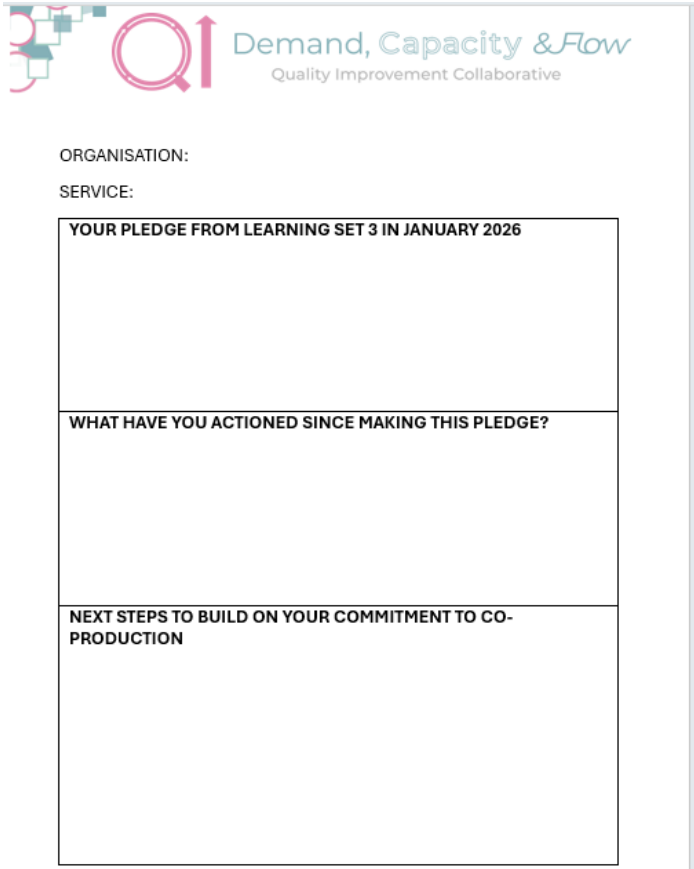
- What next steps you could take to build on your commitment to co-production?



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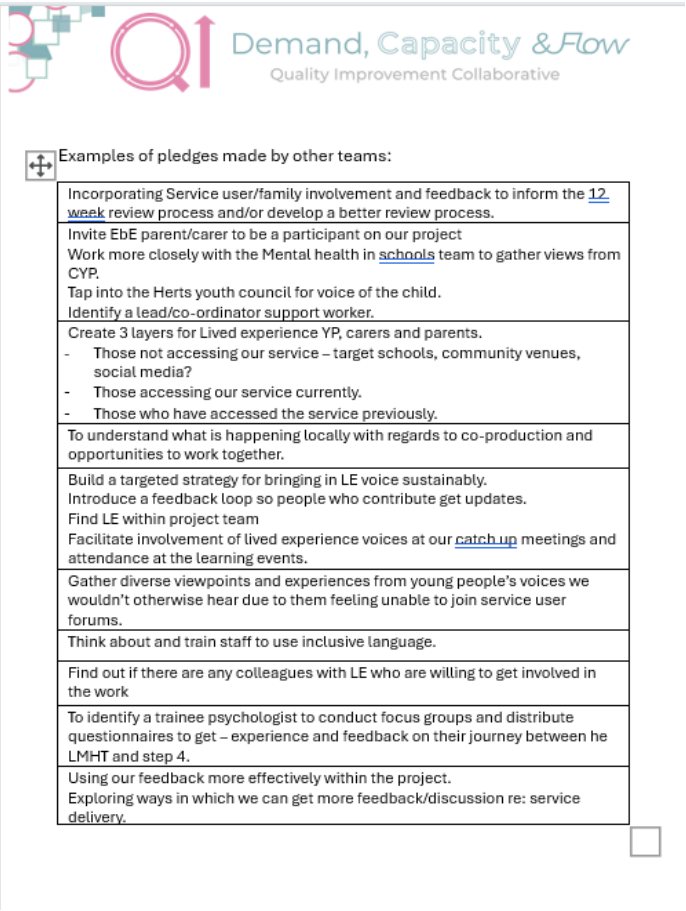
ORGANISATION:

SERVICE:

YOUR PLEDGE FROM LEARNING SET 3 IN JANUARY 2026
WHAT HAVE YOU ACTIONED SINCE MAKING THIS PLEDGE?
NEXT STEPS TO BUILD ON YOUR COMMITMENT TO CO-PRODUCTION



Demand, Capacity & Flow
Quality Improvement Collaborative

Examples of pledges made by other teams:

Incorporating Service user/family involvement and feedback to inform the 12 week review process and/or develop a better review process.
Invite EbE parent/carer to be a participant on our project Work more closely with the Mental health in schools team to gather views from CYP. Tap into the Herts youth council for voice of the child. Identify a lead/co-ordinator support worker.
Create 3 layers for Lived experience YP, carers and parents. - Those not accessing our service – target schools, community venues, social media? - Those accessing our service currently. - Those who have accessed the service previously.
To understand what is happening locally with regards to co-production and opportunities to work together.
Build a targeted strategy for bringing in LE voice sustainably. Introduce a feedback loop so people who contribute get updates. Find LE within project team Facilitate involvement of lived experience voices at our catch up meetings and attendance at the learning events.
Gather diverse viewpoints and experiences from young people's voices we wouldn't otherwise hear due to them feeling unable to join service user forums.
Think about and train staff to use inclusive language.
Find out if there are any colleagues with LE who are willing to get involved in the work
To identify a trainee psychologist to conduct focus groups and distribute questionnaires to get – experience and feedback on their journey between he LMHT and step 4.
Using our feedback more effectively within the project. Exploring ways in which we can get more feedback/discussion re: service delivery.

Importance of equity and coproduction– sharing

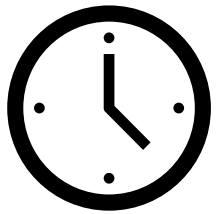
10 mins

Share one key takeaway from your discussion

Working on your project

Josh Bailey
QI coach

Working on your project



40 minutes

- This is time for you, as a team
- If helpful, please mix and discuss with other teams

Feedback and close

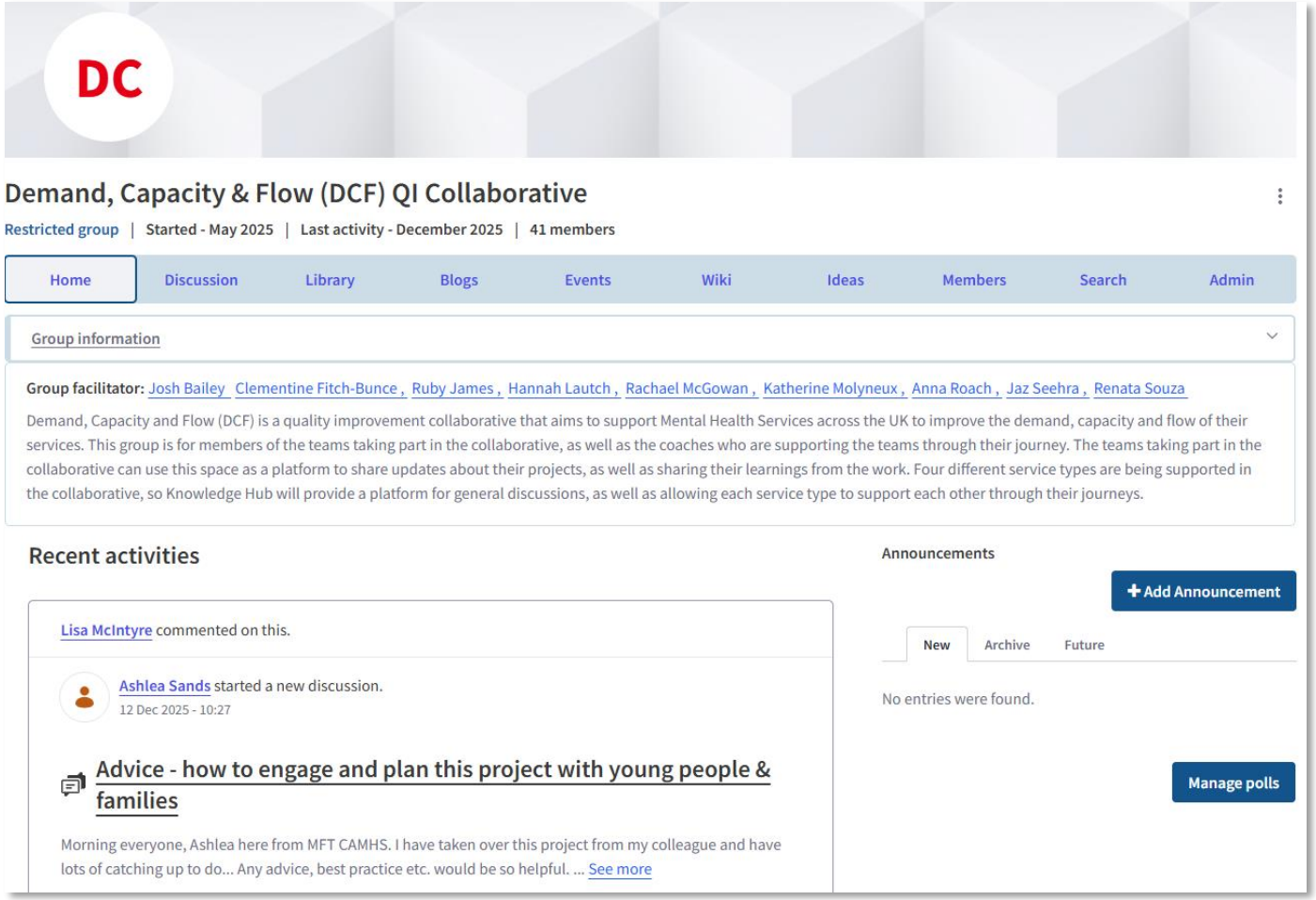
Delicha Changa

QI Coach

Knowledge Hub

An online platform for all teams on the Demand, Capacity & Flow Collaborative

- Space to share information, queries and receive advice/ insights from peers and programme team.
- Peer-to-peer learning and collaboration.
- Central space for sharing resources.



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RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS
NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Feedback

- We value your feedback as this helps us to continue to improve these events.

- **Please use the QR displayed here,** or the paper copies on your tables.

Optional drop-in sessions

15:00 – 15:30	**Time with the QI team to discuss your project**