



Demand, Capacity & Flow QI Collaborative

Learning Set 3

22nd January 2026



Demand, Capacity & Flow
Quality Improvement Collaborative



NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH

Welcome from our team!



Anna
QI Coach



Clem
QI Coach



Hannah
QI Coach



Jaz
QI Coach



Josh
QI Coach



Rachael
QI Coach



Renata
Improvement
Advisor



Lucy
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 **12:15 - 13:05** and will be served in **room 1.6** (just outside the main auditorium).
- **LG02** 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 attend to an email during a presentation, please kindly leave the room.
- Please keep walkways clear - tuck in chairs and bags.

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 – 10:10	Welcome, housekeeping & recap
10:10 – 10:20	Warm up activity
10:20 – 11:05	Vision for lived experience
11:05 – 11:15	BREAK
11:15 – 12:15	Data for improvement
12:15 – 13:05	LUNCH
13:05 – 13:55	Networking – connecting and learning from one another
13:55 – 14:05	BREAK
14:05 – 14:45	Working on your projects
14:45 – 15:00	Final reflections and close
15:00 – 15:30	Optional time with your coach

Since the last learning set (October)...



Lots of visits & coaching calls



Since the last learning set (October)...



Project
AIMS



Driver
diagrams

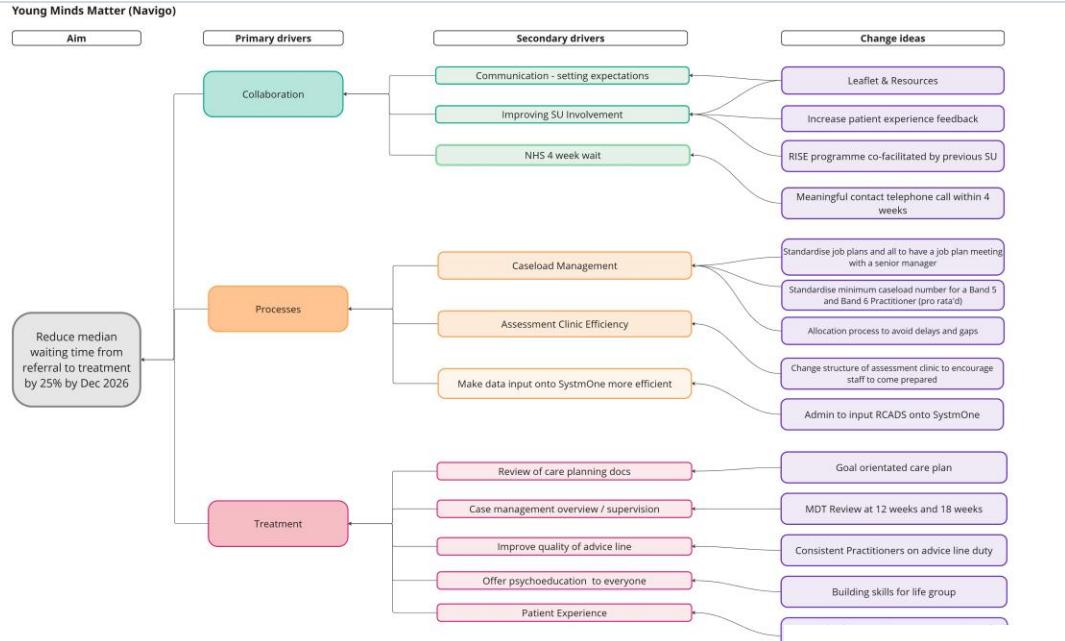


Measures

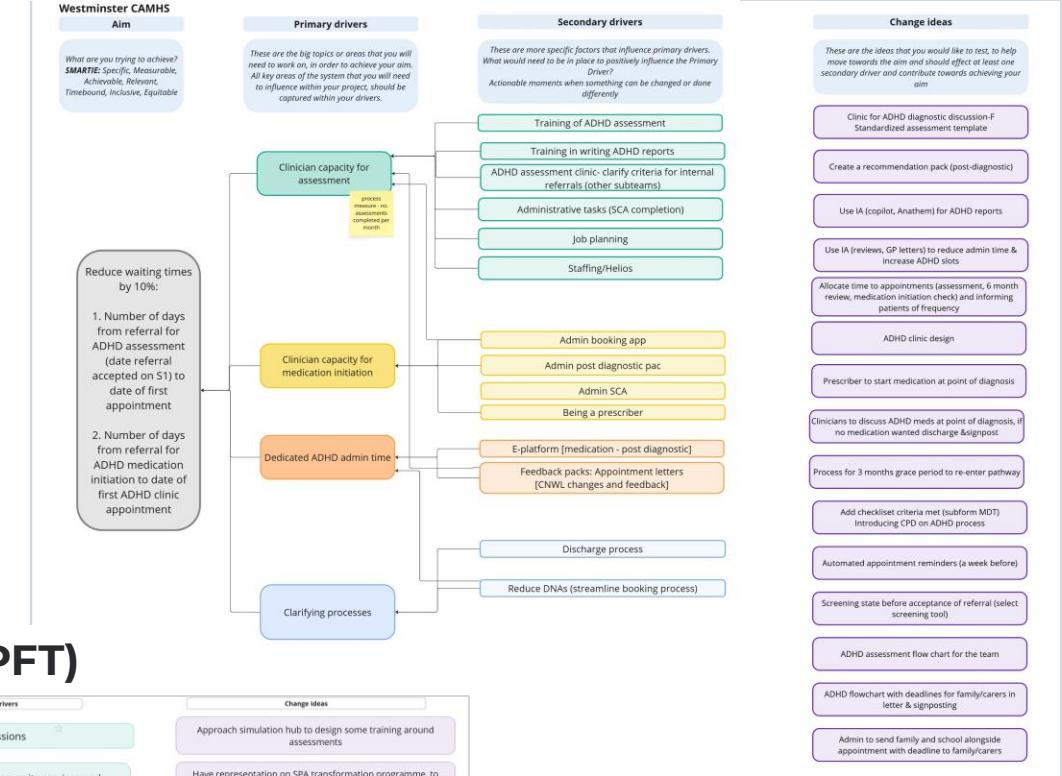


Involving
lived
experience

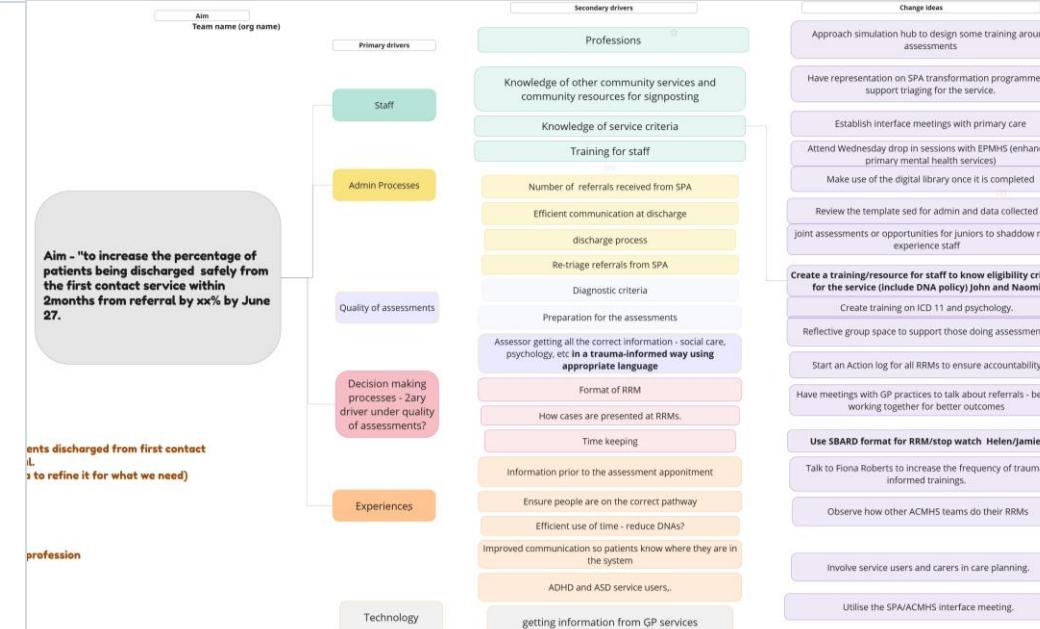
Young Minds (Navigo)



Westminster CAMHS (CNWL)



Dacorum Adult CMHT (HPFT)



Where we are at

Apr 25 – Dec 25

- **Map your system** through flow charting.
- **Design your QI project:** aim, theory of change, measurement plan.

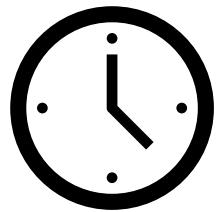
Jan 26 – Dec 26

- **Finalise QI project.**
- Explore creative ways to achieve your aim - **generating and testing change ideas.**
- Support the **collection of data.**

Jan 27 – Apr 27

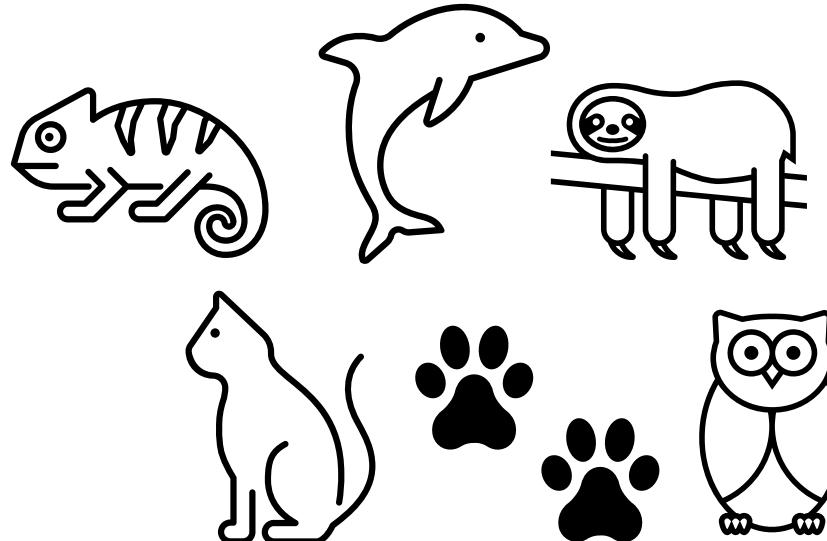
- Support with **implementation and sustainability.**
- **Story-telling.**

Warm up activity



10 minutes

- Get into groups of 2-3 people on your table and discuss together
- **Think of an animal that describes how you're feeling and why**





Networking session / lived experience

Hannah and Clem
QI coaches

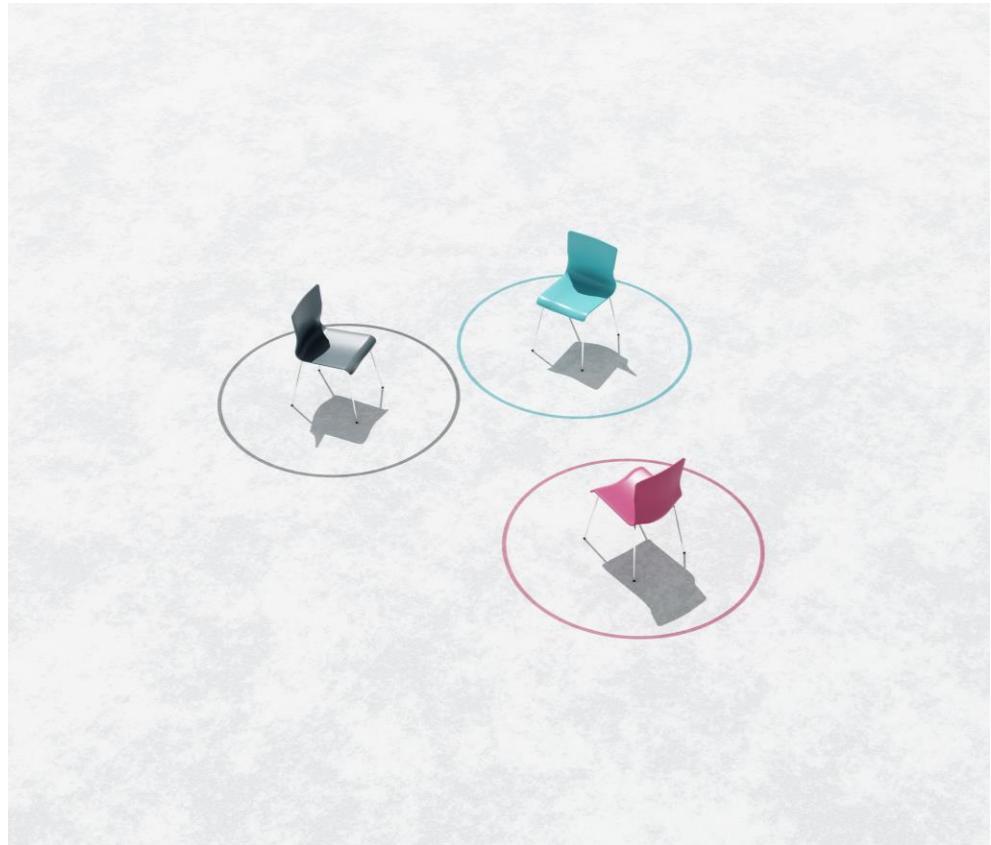


Amplifying Voices in the Absence of Lived Experience Representatives

Empowering perspectives
without direct experience
representatives

Introduction and Context

Setting the Scene



Challenge of Representation

Without lived-experience input, decisions risked losing relevance and effectiveness.

Principle of Inclusion

Ensuring lived experience sits alongside organisational aims to guide decisions and priorities.

Engagement Strategies

Worked with multiple youth and parent voice channels to ensure the project reflected real experiences.

Lessons Learned

Shared lessons and practical recommendations to build robust engagement without direct representation.

Our Approach and Guiding Principle



What we thought...

Continual Engagement

What we learned...

Flexible Engagement

Channels for Engagement

Young Ambassadors

Role and Recruitment

Young ambassadors have a keen interest in children's mental health and wellbeing and are recruited in schools to represent our Mental Health Support Team.

Contributions and Impact

They shape project priorities, influence communication, and provide valuable feedback on interventions and initiatives.

Sustained Engagement

Ambassadors maintain ongoing involvement with flexible participation, enabling iterative feedback and progress tracking.

Young Voices

"I get so many great experiences and being a Wellbeing Ambassador is a good way to get your voice heard" – Primary Age Young Person





Youth Forums

Inclusive Participation

Youth forums welcome participants from diverse backgrounds to ensure broad and inclusive dialogue.

Influence on Decisions

Feedback from forums guides key project decisions, including mental health priorities and communication strategies.

Collective Ownership

Forums foster a sense of ownership as participants see their ideas reflected in real outcomes.

Diverse Perspectives

Diversity in consultation ensured no single perspective dominates, enriching the decision process.

Parent Forums

Inclusive Family Engagement

Parent ambassadors connect the project team with families, ensuring decisions reflect real family experiences.

Insight into Family Dynamics

Parents provide crucial insights about family challenges and mental wellbeing that young people might not express.

Building Trust and Inclusivity

Creating a parent voice fosters trust, inclusivity, and shared responsibility for wellbeing outcomes.





School Focus Groups

Inclusive Youth Engagement

Focus groups reach youths less likely to volunteer or attend the youth forums, creating inclusive and honest participation opportunities.

Insightful Feedback

Sessions uncovered practical challenges and communication preferences often missed by formal methods.

Comfortable Environments

Familiar settings reduce participation barriers, fostering trust and honest responses among young people.

Authentic Engagement

Young people used the opportunity to share their experiences of accessing CAMHS support and added a rich perspective.

Impact and Lessons Learned

What Changed Because of Youth and Family Input



Drivers

Youth and family input enhanced the driver diagram we developed, helping to reinforce some ideas and provide new thinking on others.

Priority Setting

Perspectives gathered influenced project priorities, directing resources to areas they identified as most urgent.

Feedback-Driven Changes

Our change ideas were modified or adapted based on gathered feedback, preventing misalignment with needs.

Key Takeaways



Utilise Existing Networks

Leverage schools and community groups to effectively engage young people and build connections.

Consistency Builds Trust

Prioritise regular contact over perfect structures to foster trust and gain deeper insights.

Promote Genuine Diversity

Ensure diverse perspectives inform decisions rather than relying on token representation.

Establish Feedback Loops

Show participants how their input shapes outcomes to reinforce value and encourage engagement.

What Next?



Diverse Voices

Centering Youth and Family Voices

Highlighting young people's perspectives, and those of their families, creates a powerful and lasting impact.

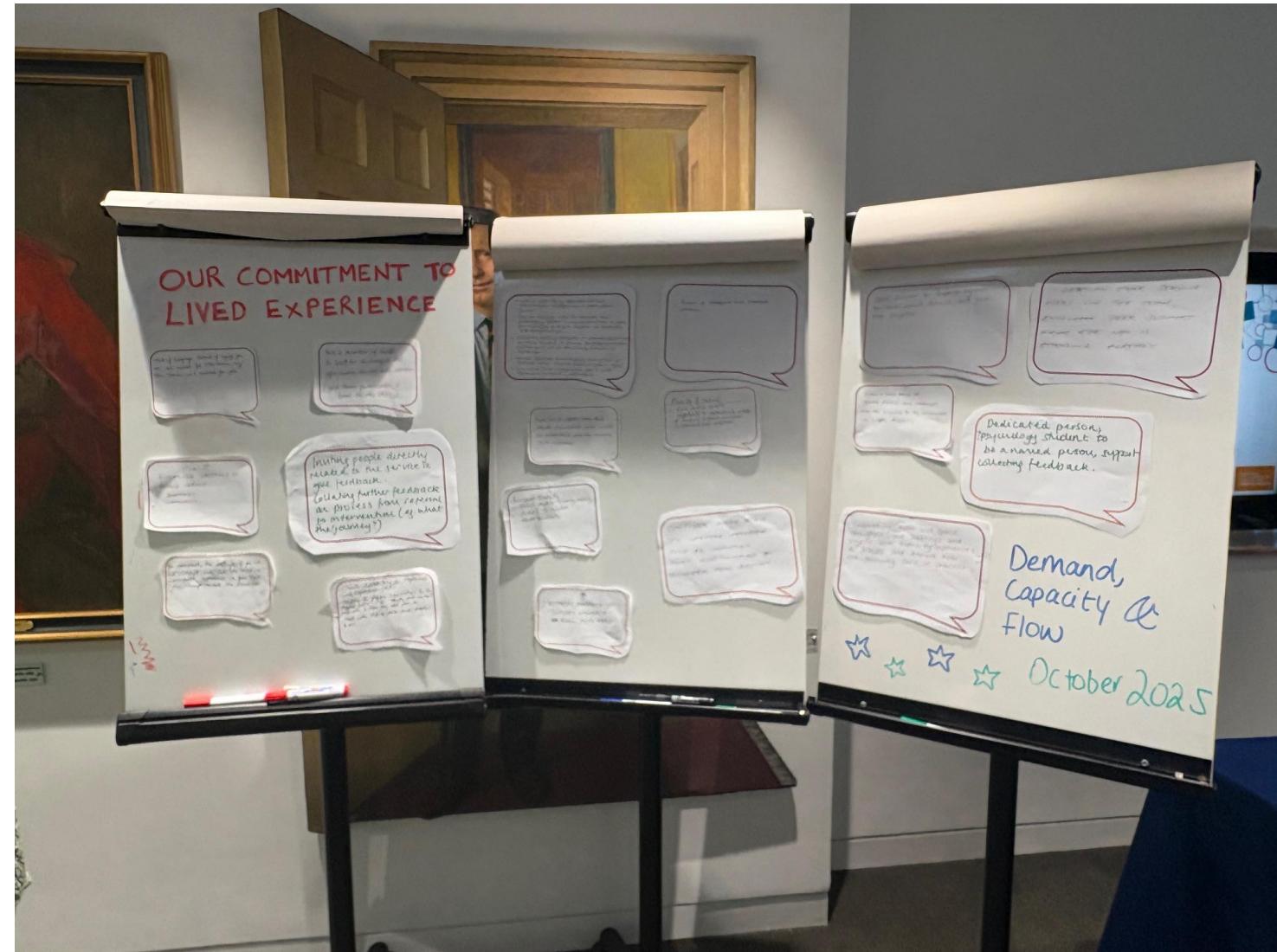
Meaningful Engagement

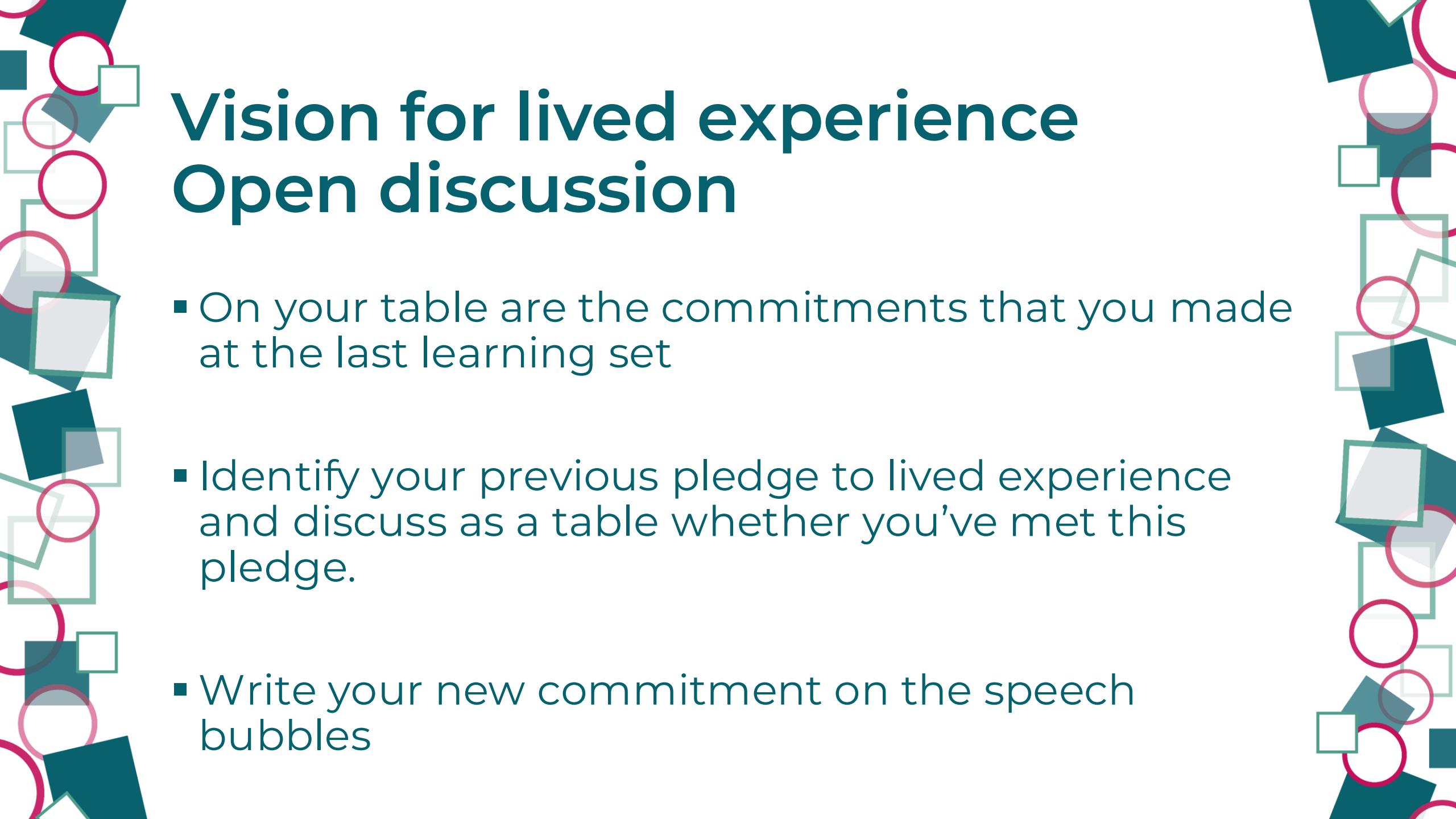
Engaging youth and families meaningfully ensures they feel heard and valued in important conversations.

Essential Inclusion

Involving young people and their families is essential for empathetic and sustainable solutions.

Your commitments to lived experience





Vision for lived experience

Open discussion

- On your table are the commitments that you made at the last learning set
- Identify your previous pledge to lived experience and discuss as a table whether you've met this pledge.
- Write your new commitment on the speech bubbles

Vision for lived experience

Have you achieved your commitment?

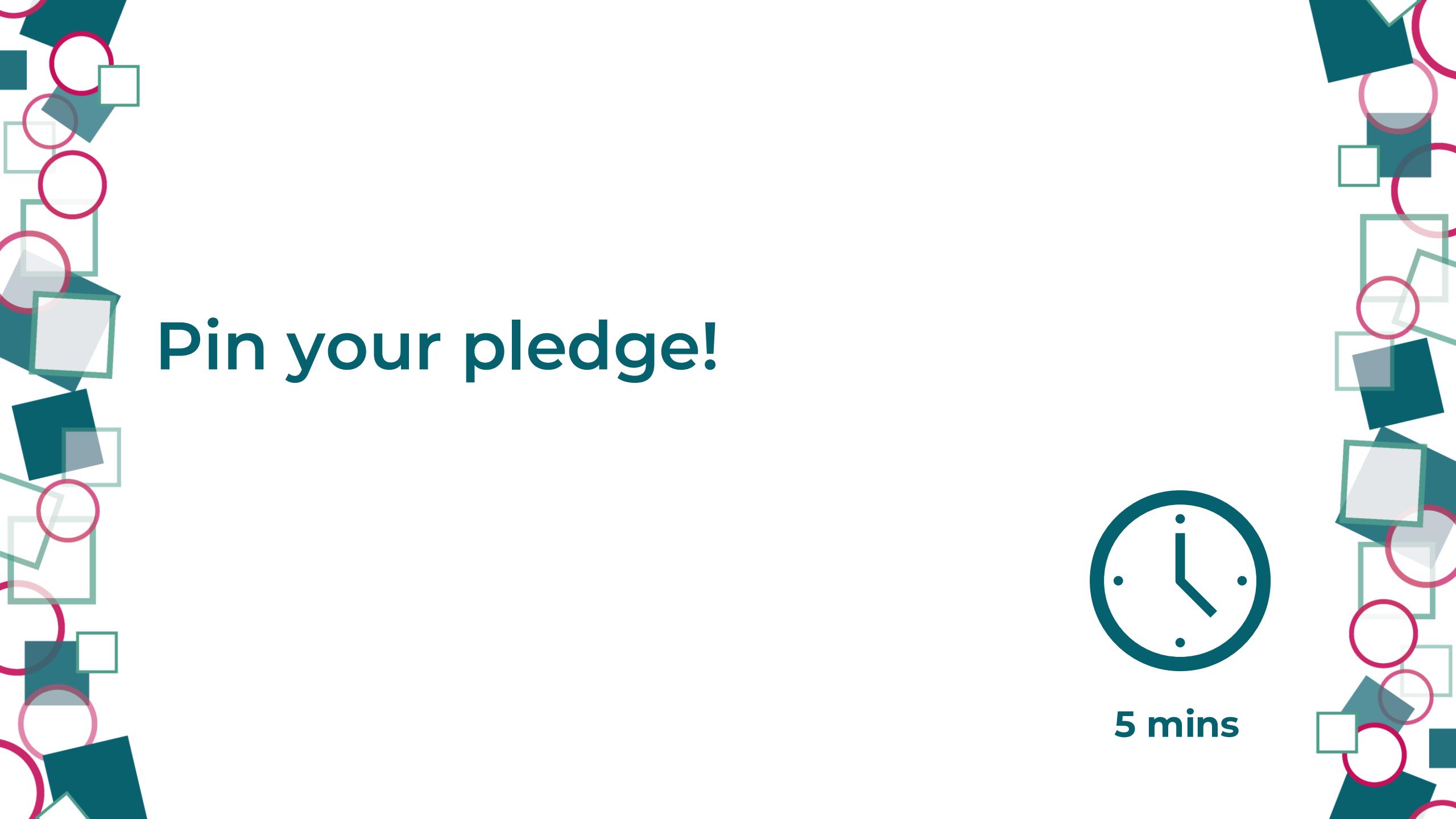
- If so, what did you do?
- If not, what do you need to be able to achieve this?

If you can, **make a new commitment:**

- Have you thought about practicalities?
- Think about any co-production top tips or best practices



35 mins



Pin your pledge!



5 mins

Comfort break

11.05 – 11.15



Data for improvement

Josh & Rachael

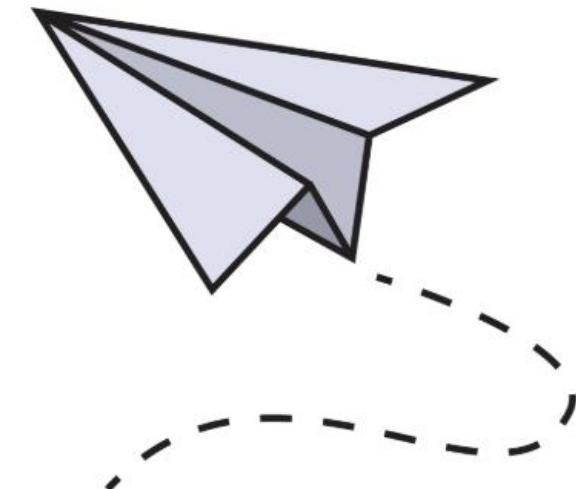
QI Coaches

Paper airplanes – round 1

- Everyone makes a paper airplane
- Each table to decide on the best paper airplane and nominate 1 thrower
- Pilots come onto stage and throw your airplane



5 mins



Who won?

- How do we know?

Paper airplanes – round 2

Aim:

Most accurate landing
(closest to target)

Measure:

Distance from target



- Go back to your tables and decide on any changes to your airplane
- Re-throw your airplanes and measure distance to target

5 mins



Why is measurement important in quality improvement?

- To know if the changes you are testing are leading to an improvement and actually making things better for people using the service.
- To track what's happening over time and see the impact of your change ideas as the project develops.
- So we can identify variation: Is it random variation or does it have a cause?
- Measurement in quality improvement is for learning and testing change, rather than performance assurance.

Types of measures

Outcome Measures

- Linking back to the numeric goal within the aim statement, the outcome measure indicates how the system is working, specifically the impact on the patients.
- Example:
 - Number of people on waitlist

Process Measures

- Are the parts/steps in the system performing as planned? Are we on track in our efforts to improve the system?
 - Example:
 - Number of monitoring forms completed

Balancing Measures (looking at a system from different directions)

- Are changes designed to improve one part of the system causing new problems in other parts of the system?
 - Example:
 - If you were working to reduce levels of physical violence, you might want to keep an eye on the amount of PRN medication being prescribed or seclusion use

Example

Topic	Aim	Type of measure	Measure example
Staff enjoying work in the Community mental health team	Improve staff satisfaction with work; increase number of staff responding 'mostly yes' when asked 'did you have a good day?' to 80% by July 2026	Outcome: What happened? (linked to aim)	% staff selecting 'mostly yes' when asked did you have a good day Positive qualitative feedback from staff interviewed about whether they enjoy their work
		Process: How did it happen? What are you doing differently?	% staff completing 'good day measure' survey each day % staff having protected break times on ward round days
		Balancing: What else happened as a result? Has the change caused a problem elsewhere?	Number of complaints received Out of pocket cost to staff from coffee catchups

Aims and measures (wave 1)

Service type	Project aim	Measures
Adult autism assessment service	Increase number of assessments carried out by 51% by June 2024.	<ul style="list-style-type: none">• Number of assessments being completed• Number of patients on the waiting list for assessment• Average length of time between referral and waiting list for assessment
Child and adolescent	To ensure that 90% of children and young people are seen within 18 weeks for commencement of treatment, by June 2024	<ul style="list-style-type: none">• Percentage of children and young people seen within 18 weeks• Number of children and young people waiting longer than 18 weeks
Psychological therapies	To have 95% of referrals outcomed within 7 working days by June 2024	<ul style="list-style-type: none">• Percentage of first line screening completed within 7 working days

Once you have the data...

- You can plot your data on QI charts to understand how your pathway is working and whether your change ideas are making a difference.
- Collecting baseline data is crucial (usually 15 data points) - to understand what "normal" looks like.
- Remember all data has limits - balance data with your felt sense of what is happening.

Types of quality improvement charts

- Run charts
- Statistical process control (SPC) charts:
 - Different charts are used for different types of data. Here are three examples:

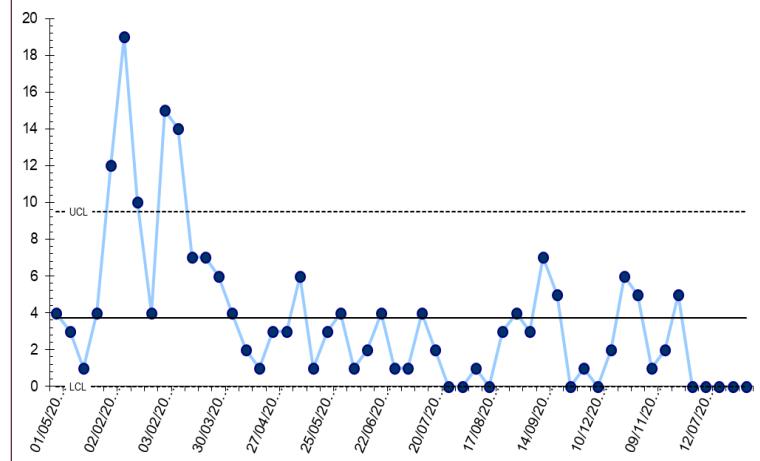
C chart = count of events that are unusual or undesirable

P chart = proportion or percentage

I chart = Individual measurements

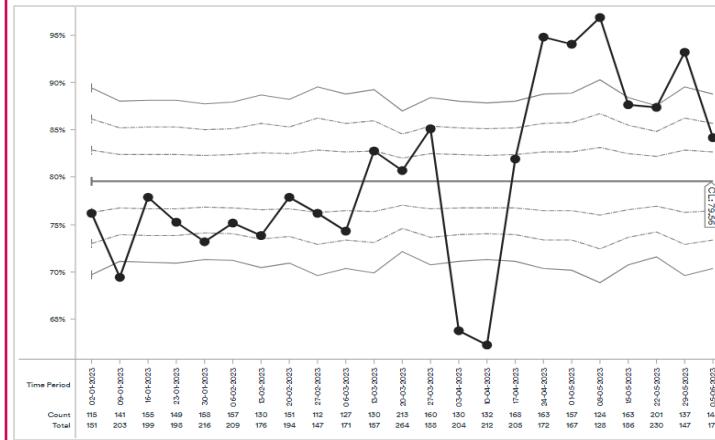
Inpatient ward

Number of self-harm incidents per week

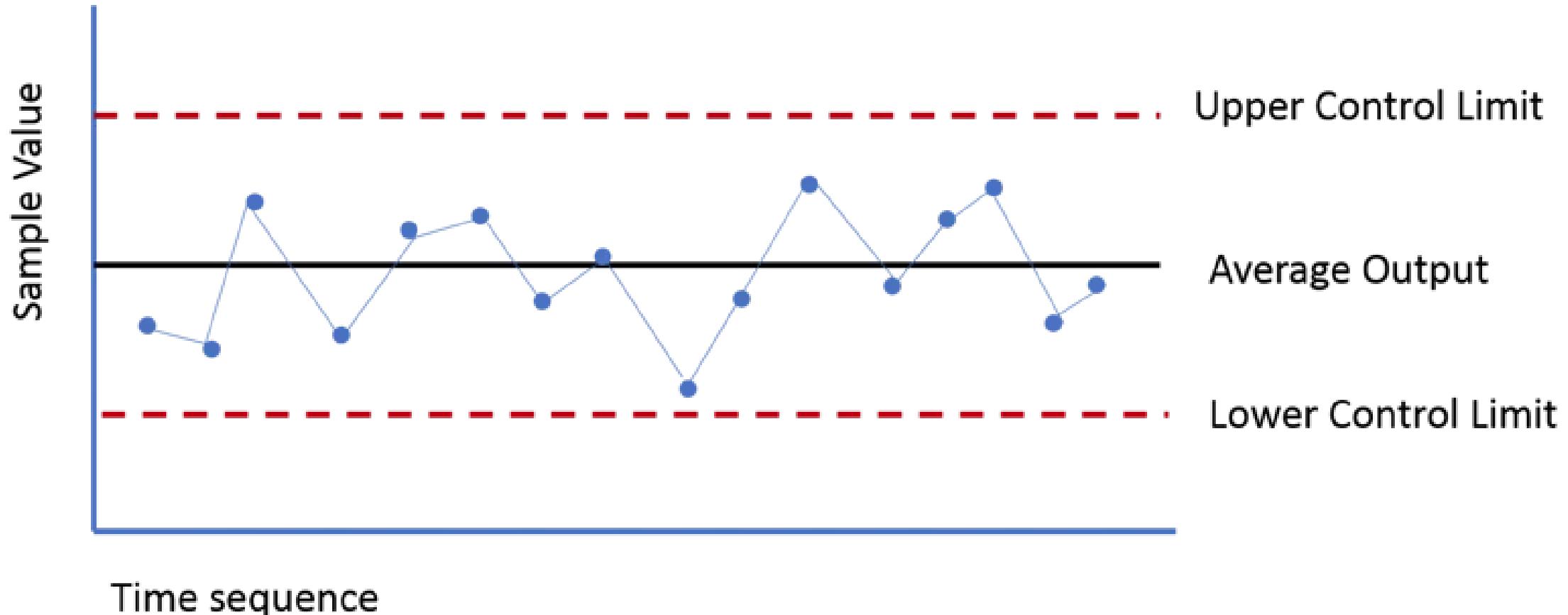


Hounslow IAPT

Percentage of referrals screened within 7 working days



What makes up a control chart?



Types of variation in quality improvement

Random

Normal day-to-day variation built into the system

What we would expect to see from usual output

VS

Non-Random

Variation that is not due to chance

Indicates something has changed in the system

Why might non-random variation occur?

Improvements
resulting from
our work

Unintended
consequences
from our work

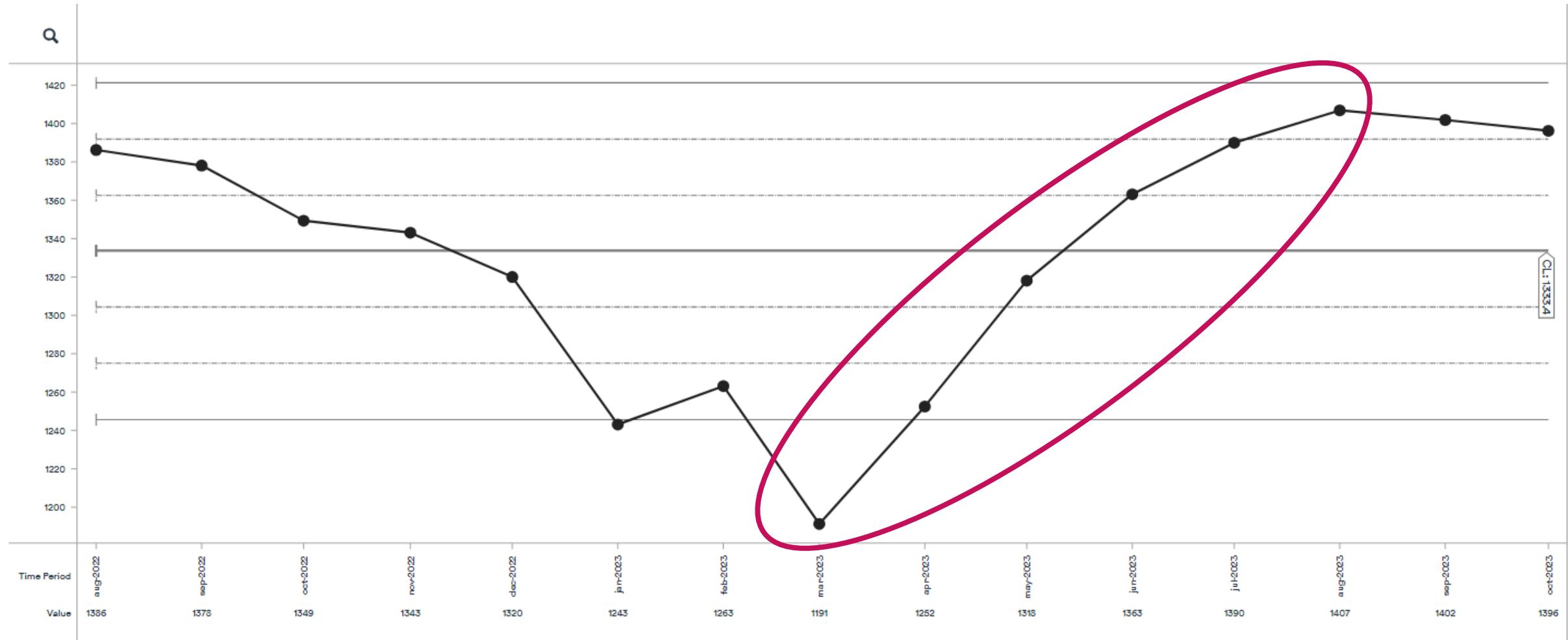
New factors
affecting the
system

There are five rules, we are going to look at three

- **Trends**
- **Three sigma violation** (data point outside control limits)
- **Shifts**

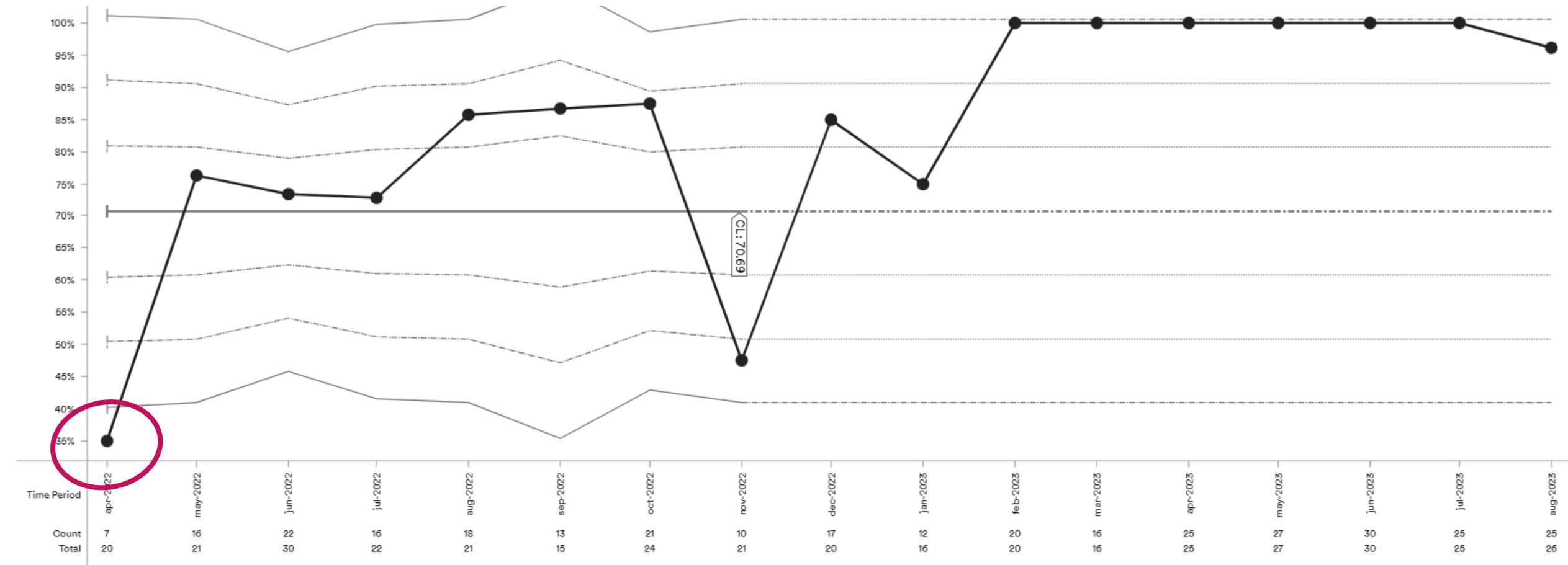
Trend

- Six or more consecutive points all going up or all going down
- (ignore consecutive points that are the same value)



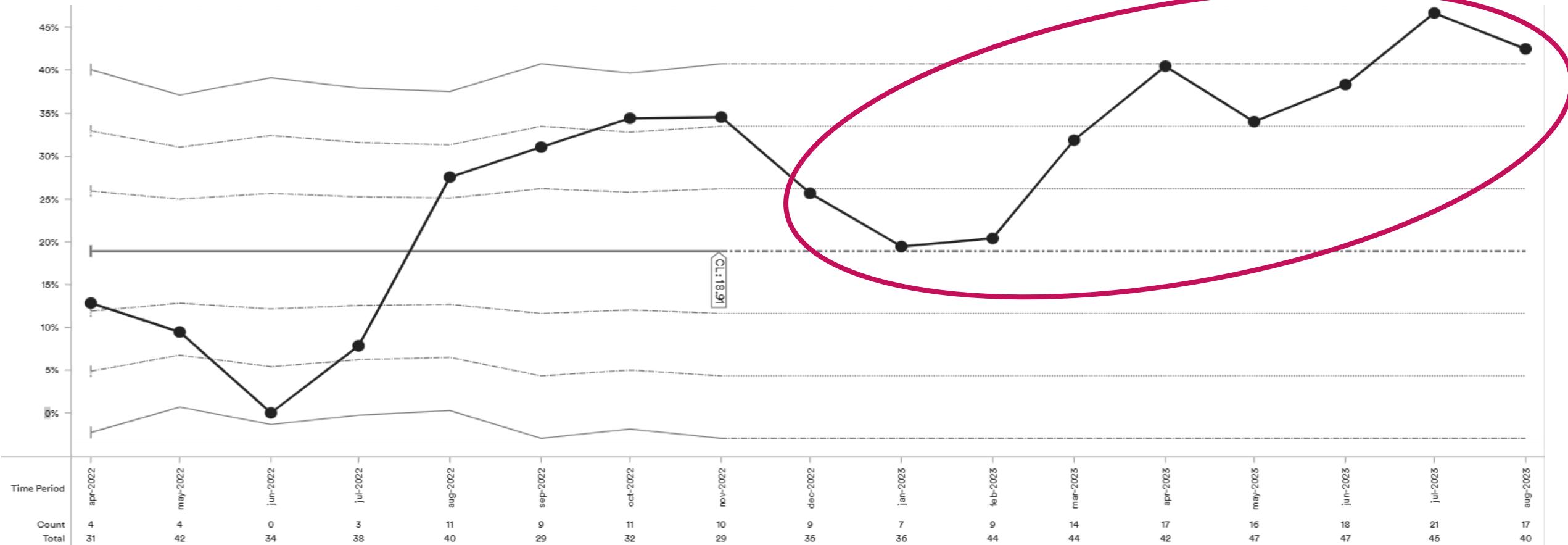
Three sigma violation:

- One data point that is outside of the upper or lower control limit



Shift

- Eight or more consecutive points all above or below the centre line
- (ignore points that are exactly on the centre line)



Wave 1 example (Mental health and wellbeing team)

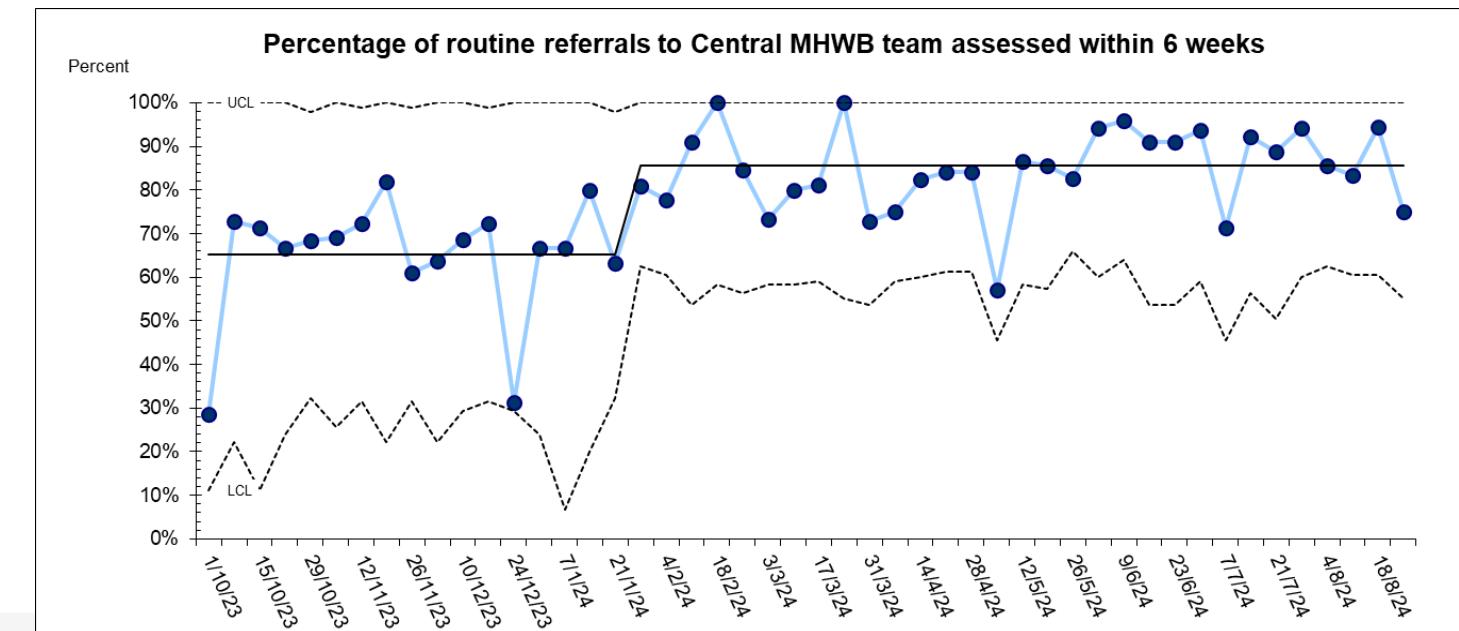
Aim: 95% of routine referrals to the Mental Health and Wellness team Central, to be offered an appointment or assessed within 6 weeks by June 2024

Measures

- % routine referrals assessed within 6 weeks
- Number of referrals received each month
- Number of patients discharged from caseload each month

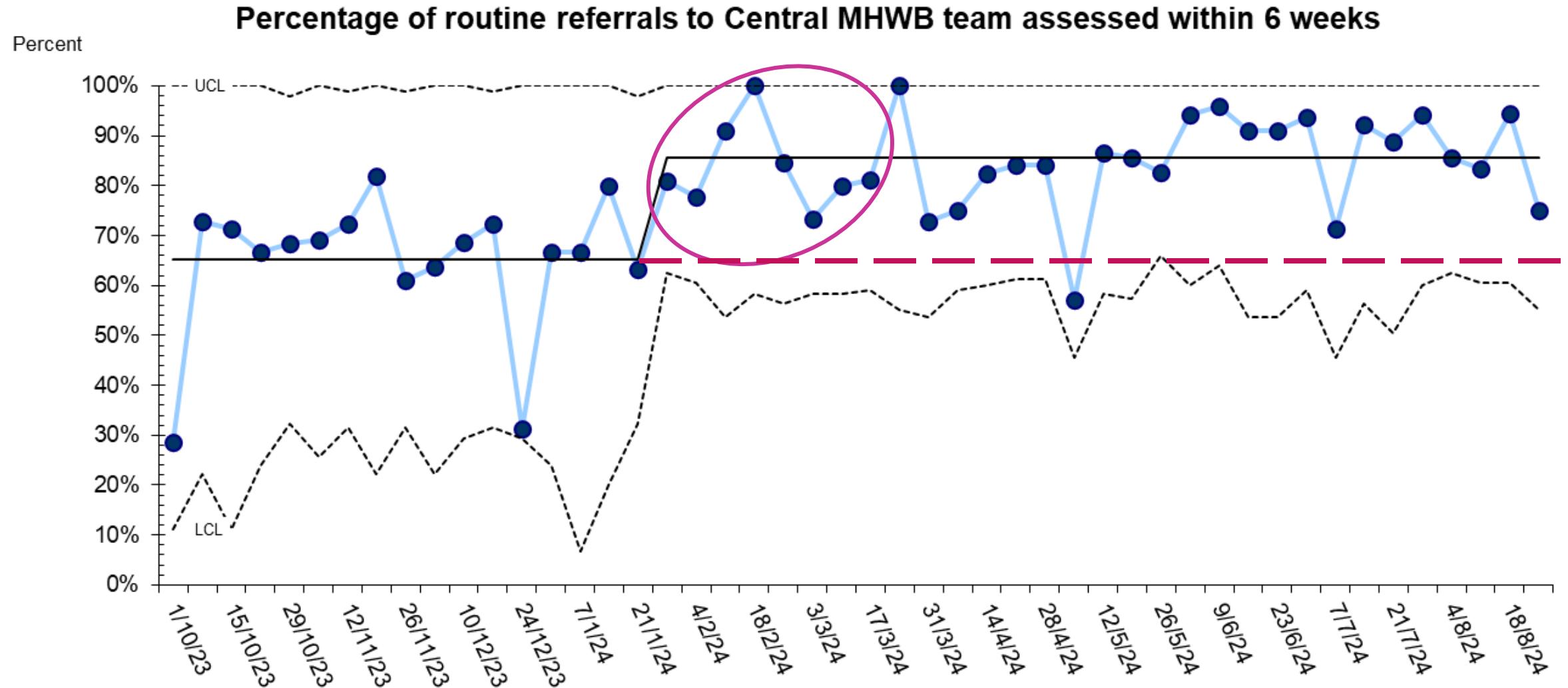
Change ideas

- Implementing joint working with psychology during screening
- Text patients who do not respond to STR calls
- Undertake skills gap analysis, re-writing of job descriptions and creation of personal development plans so staff have sufficient training, expertise and confidence to undertake their role.



Wave 1 example

Shift: Eight or more consecutive points all above or below the centre line
(ignore points that are exactly on the centre line)



Reflect and discuss



10 minutes

- What is your **current aim**?
- What are you **measuring already**, and what's **missing**?
- How have **people with lived experience** been involved in developing your aim and deciding on measures?
- Have you included **different types of measures** (outcome, process, balancing) in your measurement plan?



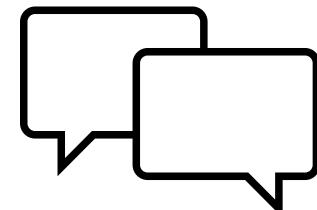
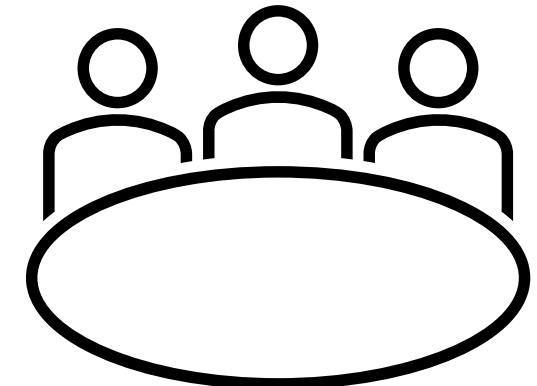
Lunch

Served in room 1.6

12:15 – 13:05



Team sharing & networking



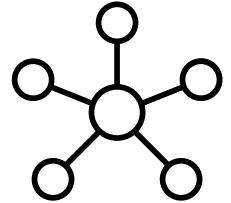
Anna Roach

Quality Improvement Coach

National Collaborating Centre for Mental Health



Networking



- You have been paired up with another team (and 1 set of 3)
- This is an opportunity to share your journey so far
- Offer each other suggestions and support where possible, to help each other think through your project.



Networking

20 minutes per project team

Prompts:

- Overall project aim
- Measures and data
- Involving lived experience in your work
- Any challenges and how you've overcome



50 minute
session

MAIN ROOM

Table 10:

Rotherham Doncaster And South Humber NHS Foundation Trust: **North East Lincolnshire CAMHS**

Central and North West London NHS Foundation Trust: **Westminster CAMHS**

Table 1:

Manchester University NHS Foundation Trust:
Manchester CAMHS

Humber Teaching NHS Foundation Trust:
Hull & East Riding CAMHS ADHD

Tee, Esk & Wear Valleys NHS Foundation Trust:
North Yorkshire And York CAMHS

Room 1.1

Hertfordshire Partnership University NHS Foundation Trust:
Watford Adult Community Mental Health Team

Hertfordshire Partnership University NHS Foundation Trust:
PATH Early Intervention In Psychosis Service (Adult)

Room 1.2

Hertfordshire Partnership University Nhs Foundation Trust:
Children And Young People Mental Health Community Services – ADHD Complex Pathway

Dorset Healthcare University NHS Foundation Trust:
Community Adult Autism

Room 1.3

Hertfordshire Partnership University NHS Foundation Trust:
Children and Young People Eating Disorder Team

Nottinghamshire Healthcare NHS Foundation Trust:
MH Psychological Waits Team

Room 1.4

Hertfordshire Partnership University NHS Foundation Trust:
Dacorum Adult Community Mental Health Team

Navigo:
Young Minds Matter (CAMHS)

Comfort break

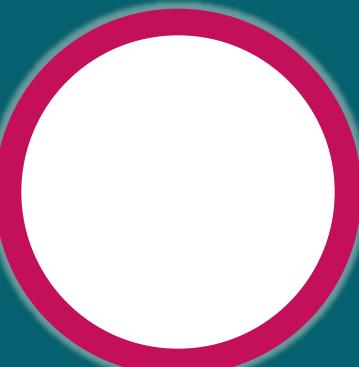
13.55 - 14.05



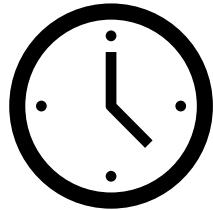
Working on your project

Jaz Seehra

Quality Improvement Coach

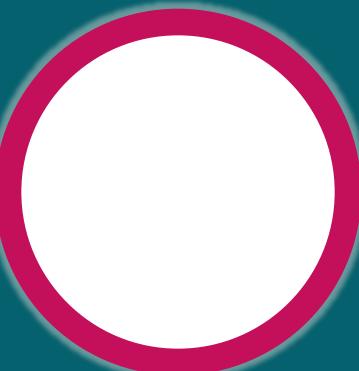


Working on your project



40 minutes

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

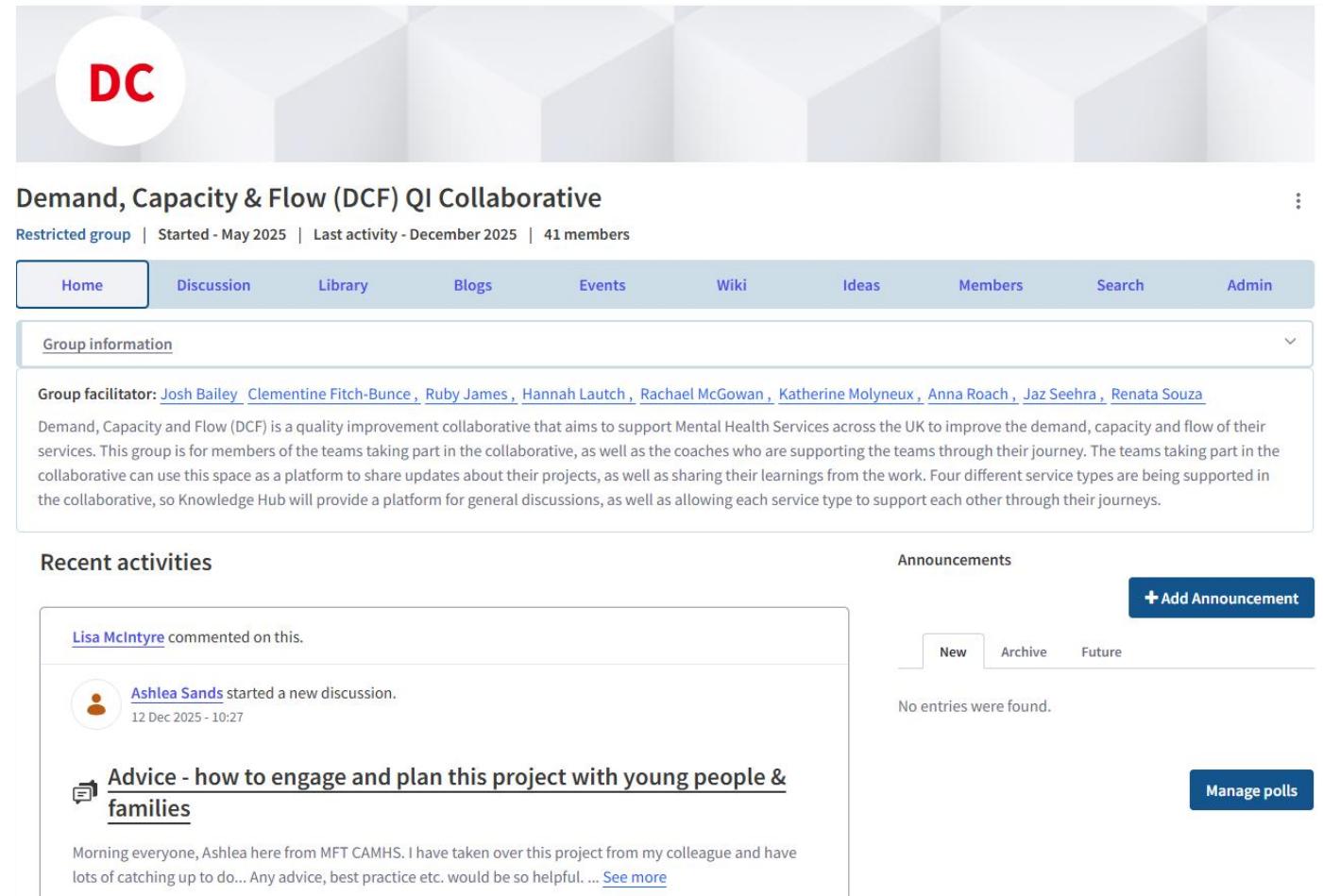


**Share one take away
from the session today**

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.



The screenshot shows the Knowledge Hub interface for the 'Demand, Capacity & Flow (DCF) QI Collaborative' group. The group was started in May 2025 and has 41 members. The interface includes a navigation bar with Home, Discussion, Library, Blogs, Events, Wiki, Ideas, Members, Search, and Admin tabs. The Home tab is selected. Below the navigation is a 'Group information' section with a list of group facilitators: Josh Bailey, Clementine Fitch-Bunce, Ruby James, Hannah Lauth, Rachael McGowan, Katherine Molyneux, Anna Roach, Jaz Sehra, and Renata Souza. A descriptive text explains that the group is a quality improvement collaborative for Mental Health Services across the UK, aiming to support teams and coaches. The 'Recent activities' section shows a comment from Lisa McIntyre and a new discussion started by Ashlea Sands on December 12, 2025, titled 'Advice - how to engage and plan this project with young people & families'. The 'Announcements' section is empty. The bottom right corner features a 'Manage polls' button.

Feedback

- We value your feedback as this helps us to continue to improve these events and ensure topics covered are meaningful and relevant to you.
- 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