Demand, Capacity & Flow QI Collaborative

Thursday 16 April 2026

Demand, Capacity & Flow
Quality Improvement Collaborative

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Welcome from our team!

Anna
QI Coach

Clem
QI Coach

Hannah
QI Coach

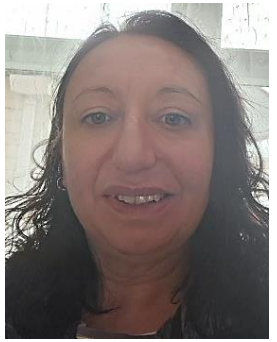
Jaz
QI Coach

Josh
QI Coach

Rachael
QI Coach

Renata
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 **12:40-13:25** in **Room 1.6.**
- **Room LG01** 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.

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.

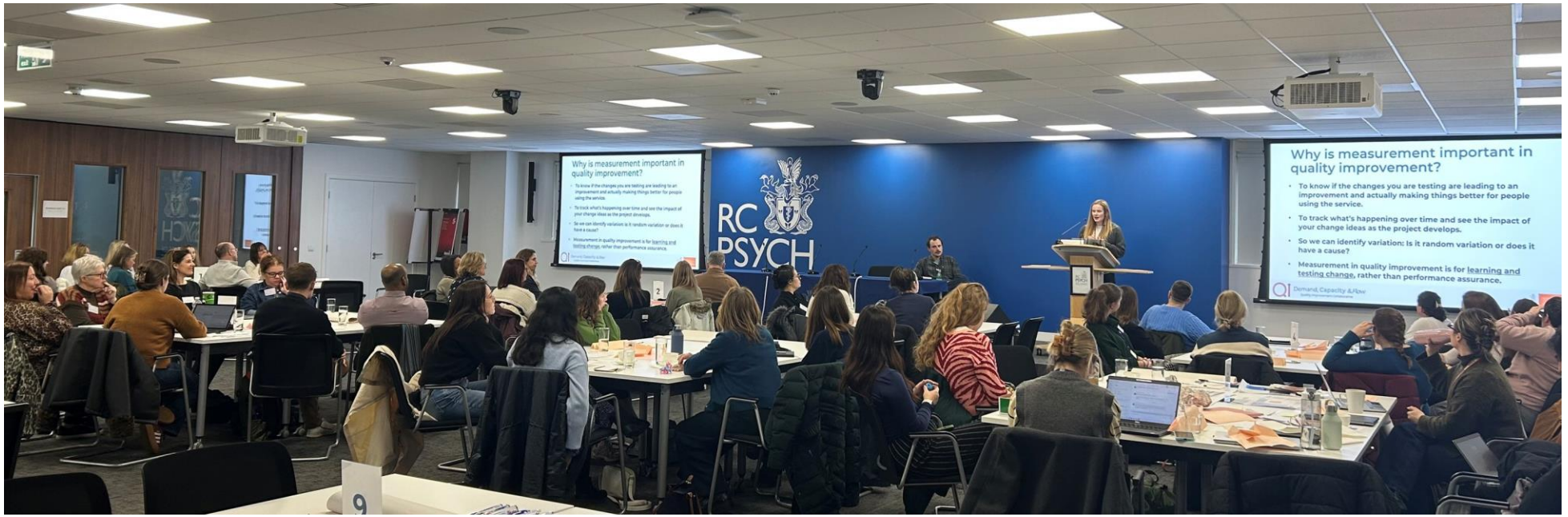
Language is important – be mindful of how you speak to and about the people around you – it should support the building of trusting relationships.

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 – 11:25	Equity session
11:25 – 11:40	**BREAK**
11:40 – 12:40	World café conversations
12:40 – 13:25	**LUNCH**
13:25 – 13:40	Post lunch energiser
13:40 – 14:00	Your lived experience pledges
14:00 – 14:45	Working on your projects
14:45 – 15:00	Final reflections and close
15:00 – 15:30	Optional time with your coach

Recap


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.
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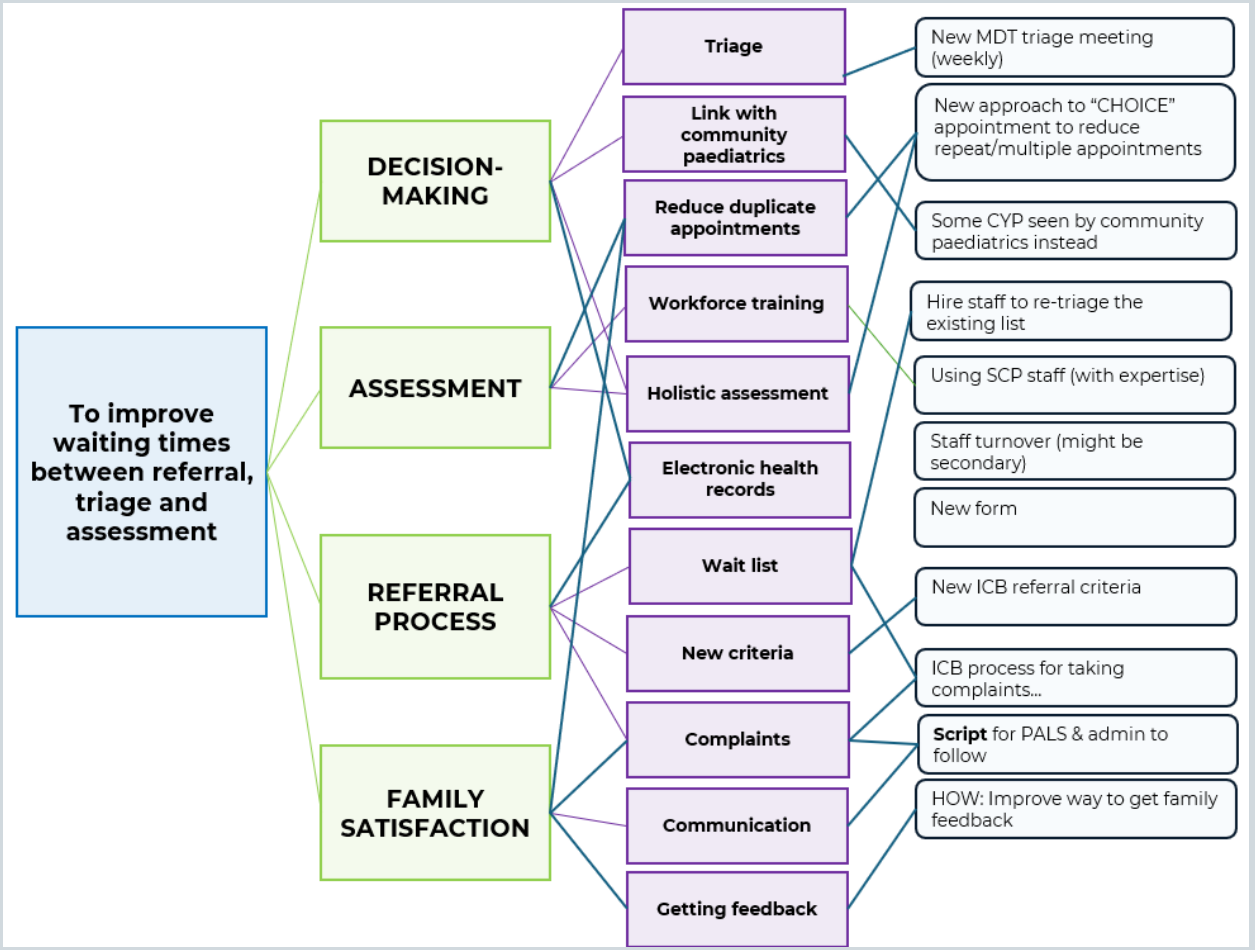
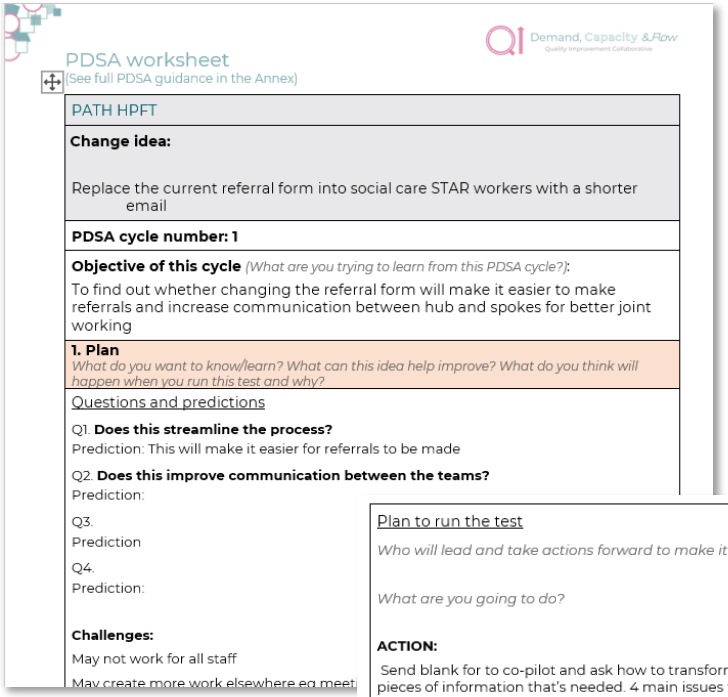
Children and Young People ADHD team, Hertfordshire

CAMHS, Manchester



PATH, Hertfordshire



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PDSA worksheet

(See full PDSA guidance in the Annex)

PATH HPFT

Change idea:

Replace the current referral form into social care STAR workers with a shorter email

PDSA cycle number: 1

Objective of this cycle *(What are you trying to learn from this PDSA cycle?)*:

To find out whether changing the referral form will make it easier to make referrals and increase communication between hub and spokes for better joint working

1. Plan

What do you want to know/learn? What can this idea help improve? What do you think will happen when you run this test and why?

Questions and predictions

Q1. **Does this streamline the process?**

Prediction: This will make it easier for referrals to be made

Q2. **Does this improve communication between the teams?**

Prediction:

Q3.

Prediction

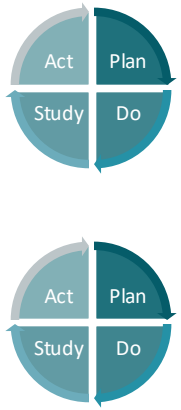
Q4.

Prediction:

Challenges:

May not work for all staff

May create more work elsewhere eg meet



Plan to run the test

Who will lead and take actions forward to make it happen?

What are you going to do?

ACTION:

Send blank for to co-pilot and ask how to transform this into an email with the key pieces of information that's needed. 4 main issues to list

Will go to a designated mailbox

ACTION:

Link in the STAR workers and the rest of the team by next 3 weeks

When will you start?

How long will you run this test for?

Think about equity – will this idea benefit all the groups you care for? (e.g. autistic people, marginalised groups, people from different ethnicities). What adaptations do you need to make to meet their needs, who do you need to involve to better understand their needs?

Harrogate ADHD Assessment - Tees, Esk and Wear Valleys

3. PDSA worksheet

Organisation and team name: TEWV Northallerton and Harrogate ADHD assessment

Change idea: CLS slot following initial assessment

PDSA cycle number: 1

Objective of this cycle *(What are you trying to learn from this PDSA cycle?)*:

If clinicians feel confident and competent in their clinical decision making this will support the right children to access the right pathway within CAMHS. This will increase the capacity to complete ADHD assessments within 15 weeks from referral as fewer inappropriate referrals will progress onto the pathway.

1. Plan

What do you want to know/learn? What can this idea help improve? What do you think will happen when you run this test and why?

Questions and predictions

Q1. Does adding a CLS slot increase staff's confidence when feeding back formulations to families of whether an ADHD assessment is indicated?

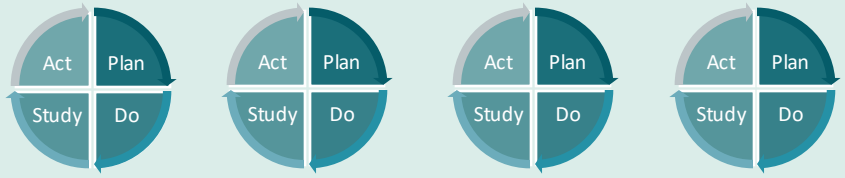
Prediction: Staff will feel more confident having discussed the young persons needs in an MDT slot, therefore it not being an individual decision, and will therefore feel more able to feed this back to families.

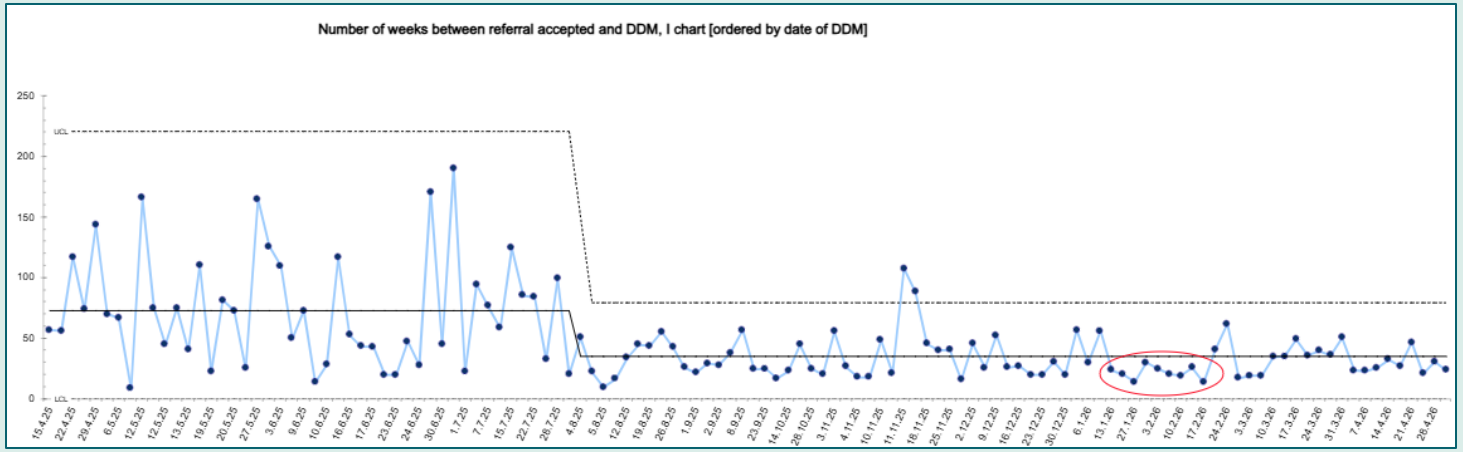
Q2. Does the addition of a CLS slot reduce the number of inappropriate referrals progressing into an ADHD assessment?

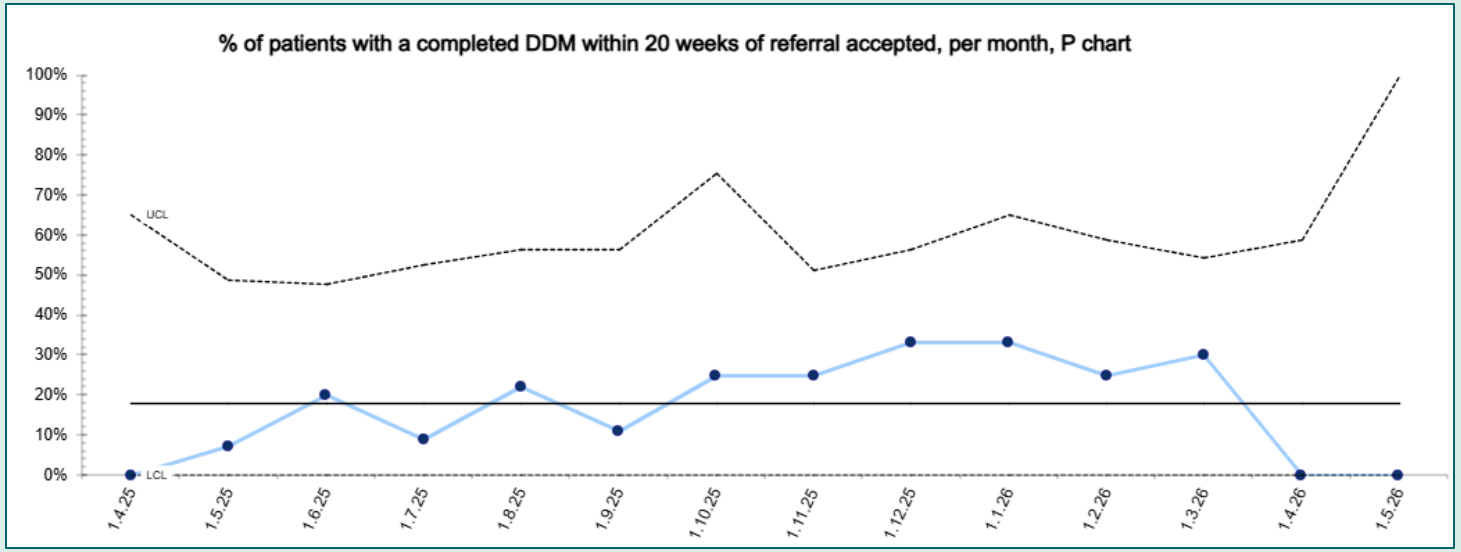
Prediction: The conversion rate for ADHD diagnosis will increase as fewer inappropriate referrals will be assessed.

Q3. Do families find it helpful to have a formulation of need at the time of ICA rather than progressing onto an inappropriate pathway.

Prediction: Families will find it helpful to have an understanding of their child's needs sooner rather than later and will be signposted/supported accordingly.







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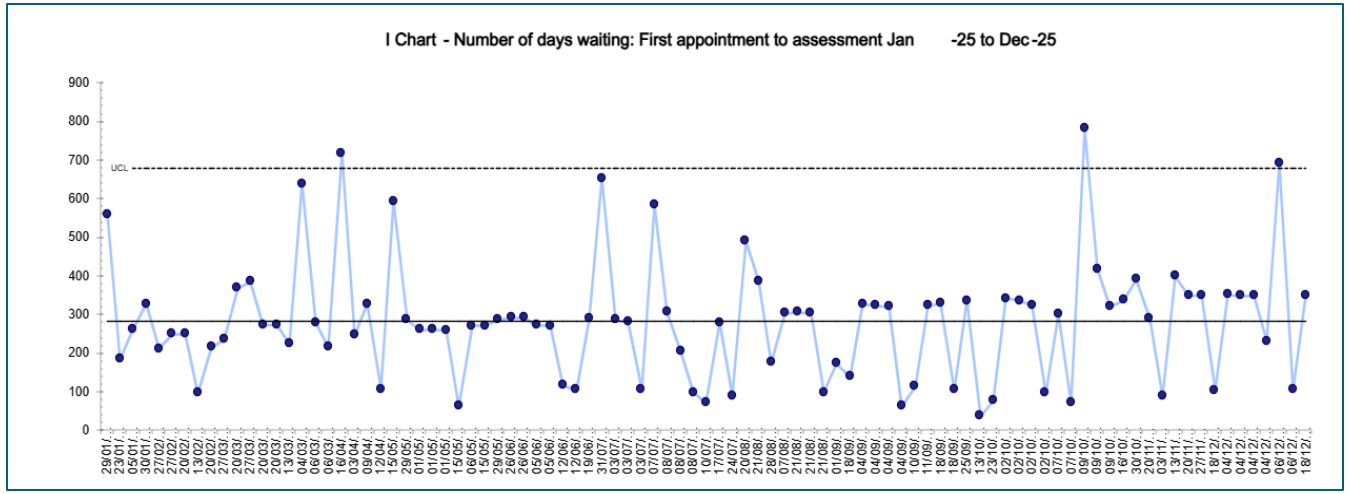
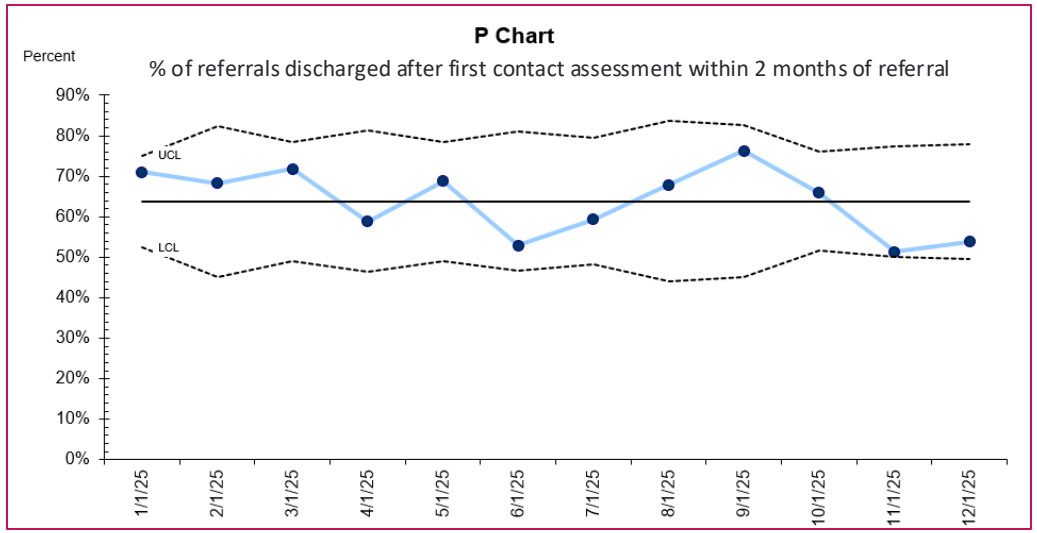
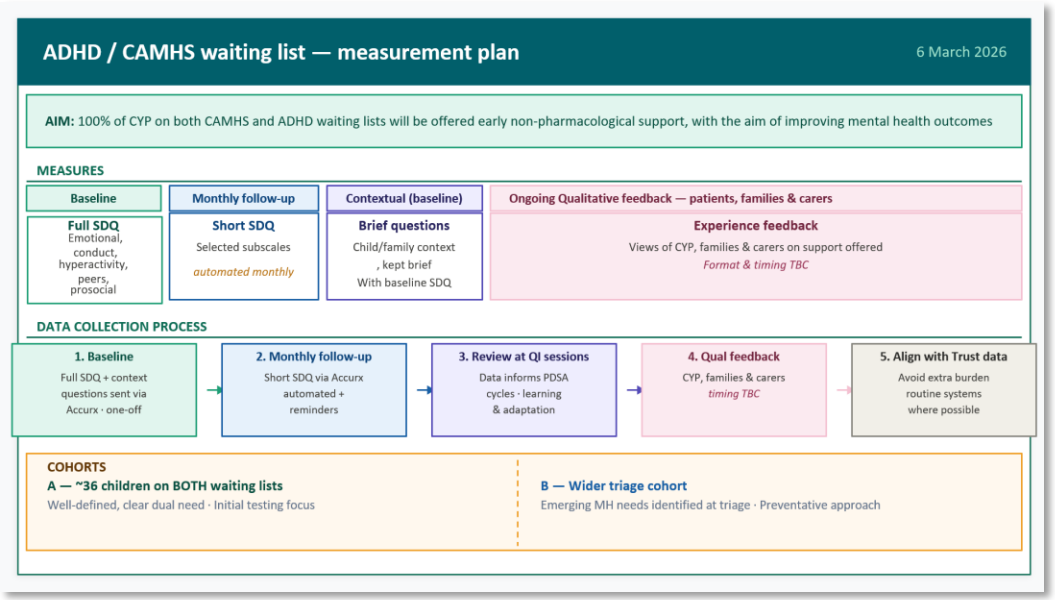
Westminster CAMHS, Central and North West London





CAMHS ADHD, Hull and East Riding



Dacorum Adult Community Mental Health Service, Hertfordshire

Connecting to each other

10 mins

The Name Story:

As a table, or in pairs:

SHARE A STORY ABOUT YOUR NAME/NICKNAME

(You could include its origin, who chose it, cultural significance……)

The importance of equity in mental health care

Dr Laura-Louise Arundell

Senior Researcher

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UCL

NCCMH

Impact of inequity on access, experience and outcomes

- Disparities in mental health care are influenced by multiple factors such as (but not limited to):
  - Socio-economic status
  - Age
  - Ethnicity (or 'race')
  - Geography
  - Gender
  - Other social determinants
- These factors (among others) can intersect to create **overlapping systems** of discrimination, which can increase the risk of unequal treatment.
- **Intersectionality** magnifies the barriers that individuals face and can exacerbate inequities in mental health access, experience and outcomes.

Why is inequity so important for your service?

- Inequity is not a side issue but one that directly affects who gets care, how they are treated and their outcomes
- Delayed care → crisis presentations
- Poorer experiences → mistrust and disengagement
- Worse outcomes → chronic poorer health, higher risk, inequality across life course

If services don't actively address inequity, they reinforce it

NCCMH

Why is inequity so important for your service?

Examples:

Children and young people

- Looked-after children
- Young carers
- Neurodivergent young people
- Racialised minority/minoritised ethnicity families (stigma, access, language)

Risk = delayed intervention → lifelong impact (education, long-term health, developmental outcomes)

Opportunity = early, equitable access, removing the barriers to access for the best chance of long-term positive outcomes

NCCMH

Why is inequity so important for your service?

Examples:

People with a diagnosis of Autism

- Diagnostic overshadowing (MH symptoms missed)
- Poor adaptation of services

Risk = Inappropriate intervention available→ exclusion from the right type of support

Opportunity = Reasonable adjustments and truly personalised care

NCCMH

Why is inequity so important for your service?

Examples:

People with a diagnosis of psychosis

- Marked ethnic inequalities (linked to systemic racism and stereotyping)
- Negative experiences of care

Risk = Delayed access → use of coercive care → perpetuated distrust

Opportunity = Community engagement + early, culturally competent pathways to care

NCCMH

Why is inequity so important for your service?

Examples:

People with a diagnosis of eating disorder

- Stereotypes and underdiagnosis in males, racialised minorities and people in larger bodies
- Dismissal or minimisation of severity

Risk = Later, more severe illness at presentation→ undermined therapeutic trust → missed opportunities for recovery

Opportunity = Inclusive identification + equitable referral pathways

NCCMH

How can we achieve equity in mental health care

**** Equity as a foundational aspect of care (not an afterthought) ****

- Use **Equality Impact Assessments** to:

1. Define the change (what are we introducing/what is the change idea?)
2. Identify who might be affected (consider protected characteristics [Equality Act] and other characteristics) and apply an intersectional lens
3. Ask key questions: Who might benefit most? Who might be disadvantaged? Could this change idea widen any gaps in access, experience or outcomes for certain people?
4. Use data and lived experience to inform ideas and ways of measuring impact
5. Mitigate the risks, build in adjustments
6. Review and measure (review during and after implementation to see if inequities reduce, stayed the same or worsened)

Factors that can put people at risk of inequitable care

Protected Characteristics (Equality Act 2010):

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Other characteristics covered in NICE and other organisational resources:

- Socioeconomic status
- Refugees and asylum seekers
- Migrant workers
- Looked-after children
- Unhoused people and people in unstable housing situations
- Prisoners and young offenders
- Gypsy, Roma and Traveller communities
- Young and unpaid carers

NCCMH

Equality vs equity

NCCMH

Team work

25 mins

In your teams, 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?
- **Identify at least one action to take forward.**

NCCMH

Room reflection

NCCMH

Comfort break

11:25 – 11:40

World café conversations

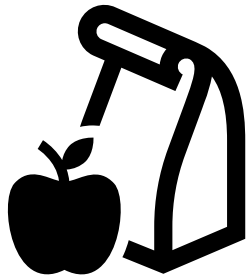
- **A networking space to connect with each other and hear about the work going on in the Collaborative.**
- Teams will be sharing their work.
- This is an informal, conversational space. Ask questions, share examples of your work, take ideas back to your project.

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

Team sharing and networking

Location		Team
Main room	**Table 3**	North Lincs CAMHS – Rotherham, Doncaster & South Humber *'Digital Poverty & change ideas'*
	Table 1	CAMHS – Tees, Esk & Wear Valley *'Clinical Leadership Slots (PDSA)'*
Breakout rooms	**Room 1.2/1.3**	Dacorum Adult CMHT – Hertfordshire Partnership Trust *'DCF Journey so far'*
	Room 1.1	Community Adult Autism Team – Dorset NHS Trust *'Change Idea working groups + measuring patient experience'*

Lunch



12:40 – 13:25

Post lunch energiser

The birthday paradox

15 mins

1. **What are the chances that two people in this room share the same birthday?**
   Shout out a percentage!

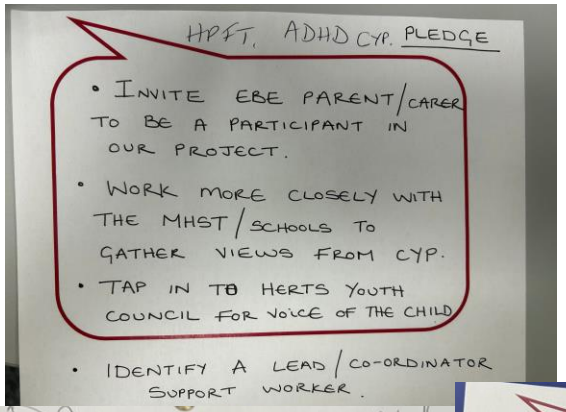
2. **Stand up and line up along the wall in birthday order**
   You'll need to talk to each other to work out the order

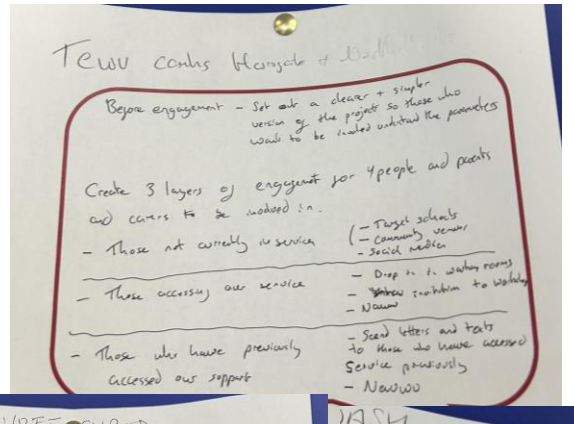
3. **Now turn to the person next to you and find a few things you have in common**

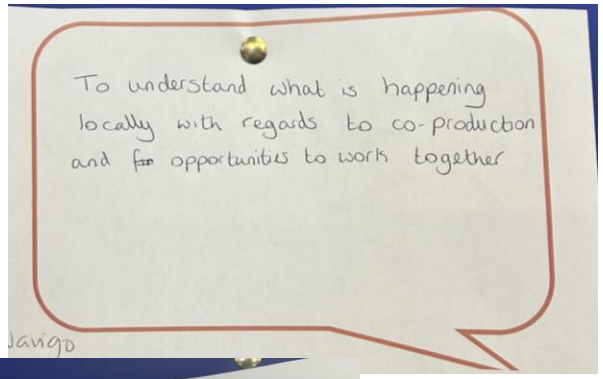
Your Lived Experience Pledges

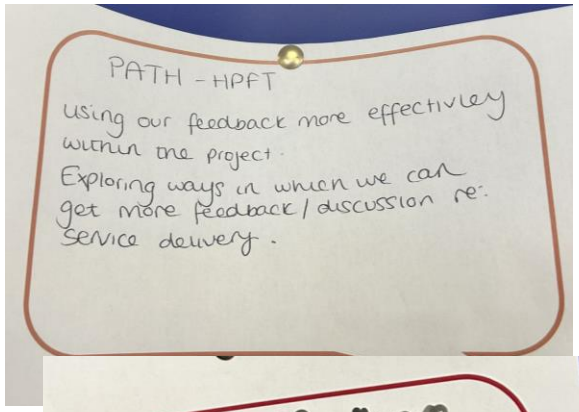
Lucy Jenkinson
Lived Experience Representative

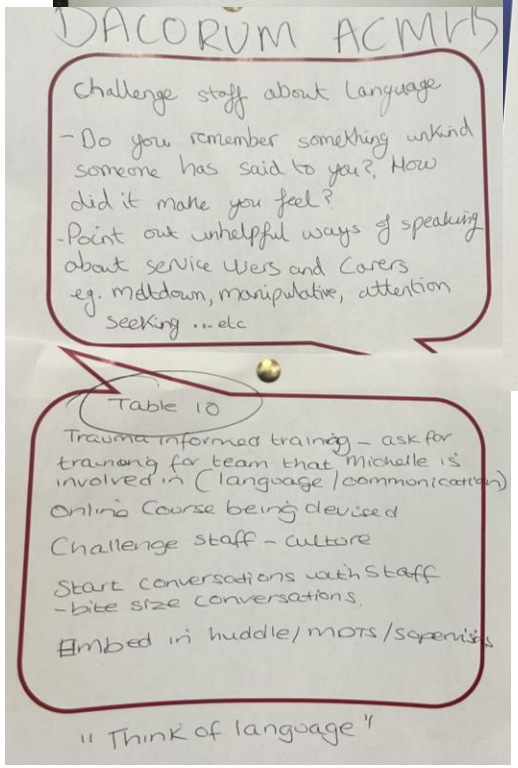
Rachael McGowan and Jaz Seehra
QI coaches

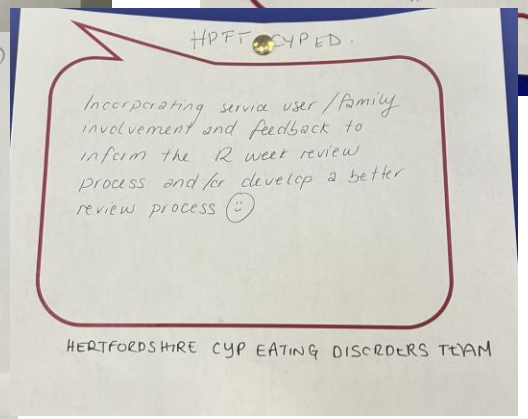

HPFT, ADHD CYP. PLEDGE
• INVITE EBE PARENT/CARER TO BE A PARTICIPANT IN OUR PROJECT.
• WORK MORE CLOSELY WITH THE MHST/SCHOOLS TO GATHER VIEWS FROM CYP.
• TAP IN TO HERTS YOUTH COUNCIL FOR VOICE OF THE CHILD
• IDENTIFY A LEAD/CO-ORDINATOR SUPPORT WORKER.

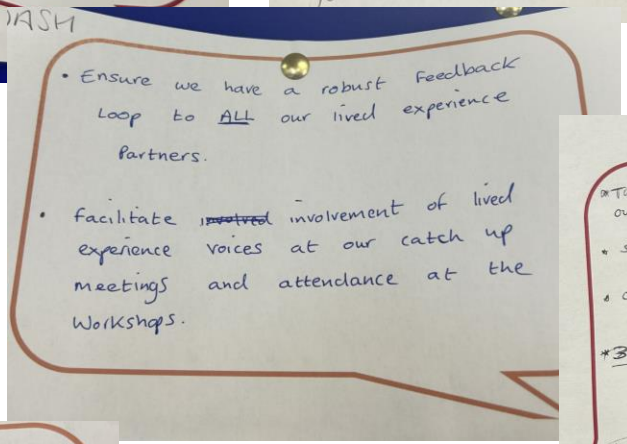

Before engagement – Set out a clear + simpler version of the project so those who would to be involved understand the parameters
Create 3 layers of engagement for ypeople and parents and carers to be involved in:
– Those not currently in service
– Those accessing our service
– Those who have previously accessed our support
– Newbus

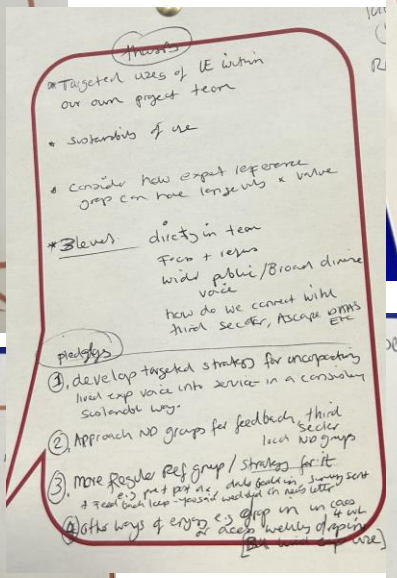

To understand what is happening locally with regards to co-production and the opportunities to work together

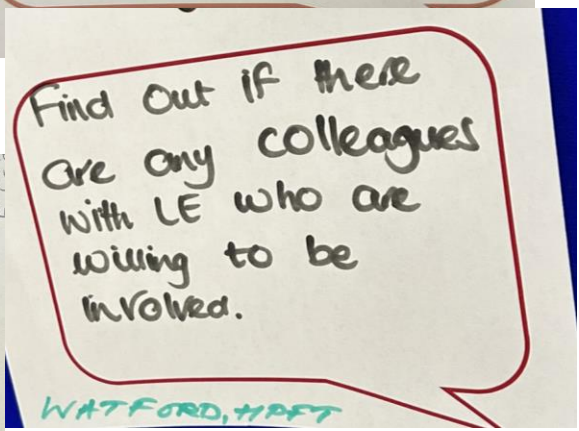

PATH – HPFT
using our feedback more effectivley within the project.
Exploring ways in which we can get more feedback/discussion re: service delivery.

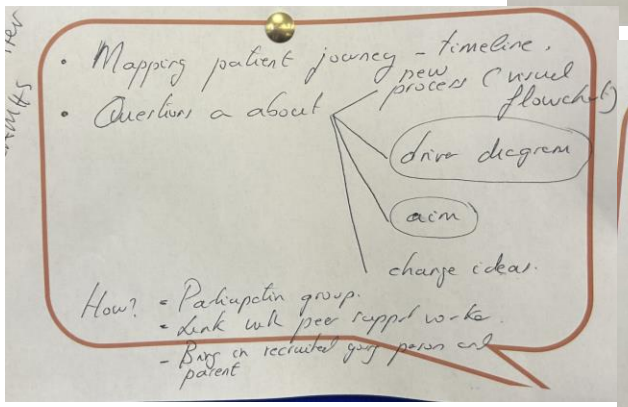

DACORUM ACMHS
Challenge staff about language
– Do you remember something unkind someone has said to you? How did it make you feel?
– Point out unhelpful ways of speaking about service Users and Carers eg. meltdown, manipulative, attention seeking ...etc
Table 10
Trauma informed trainig – ask for trainig for team that Michelle is involved in (language/communication)
Online Course being devised
Challenge staff – culture
Start conversations with staff – bite size conversations.
Embed in huddle/MDTs/supervision
"Think of language"

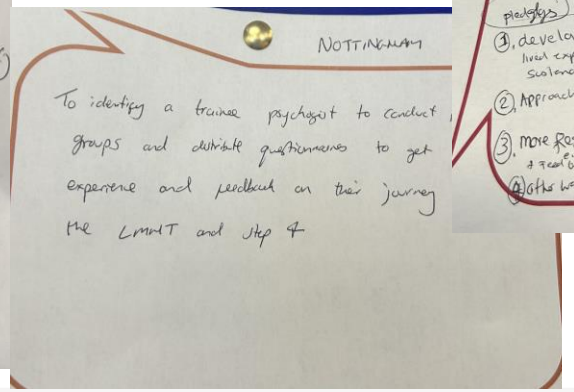

HPFT CYPED.
Incorporating service user/family involvement and feedback to inform the 12 week review process and/or develop a better review process
HERTFORDSHIRE CYP EATING DISORDERS TEAM

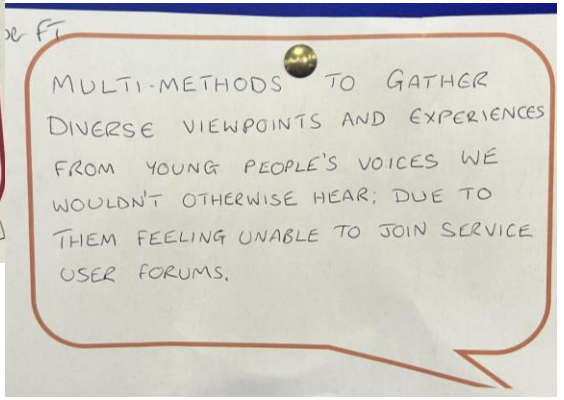

• Ensure we have a robust Feedback Loop to ALL our lived experience Partners.
• Facilitate involvement of lived experience voices at our catch up meetings and attendance at the Workshops.


Process
Targeted uses of LE within our own project team
Stakeholders of use
consider how expat reference group can have longevity + value
3 levels
directly in team
From + reps
Wider public/Broad diverse voice
How do we connect with third sector, ASCEND WMAS ETC
Pledges
1. develop targeted strategy for incorporating lived exp voice into service in a consistent scalable way.
2. Approach NO groups for feedback, third sector local NO groups
3. More Regular Ref group/strategy for it
4. Other ways of engaging


Find out if there are any colleagues with LE who are willing to be involved.
WATFORD, HPFT


• Mapping patient journey – timeline, new process (visual flowchart)
• Questions about
drive diagram
acim
change ideas.
How? = Participatin group.
– Link wth peer support worke.
– Buy in recruited gang person and patient


NOTTINGHAM
To identify a trainee psychgist to conduct groups and distribute questionnaires to get experience and feedback on their journey the LMHT and Utp +


MULTI-METHODS TO 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.

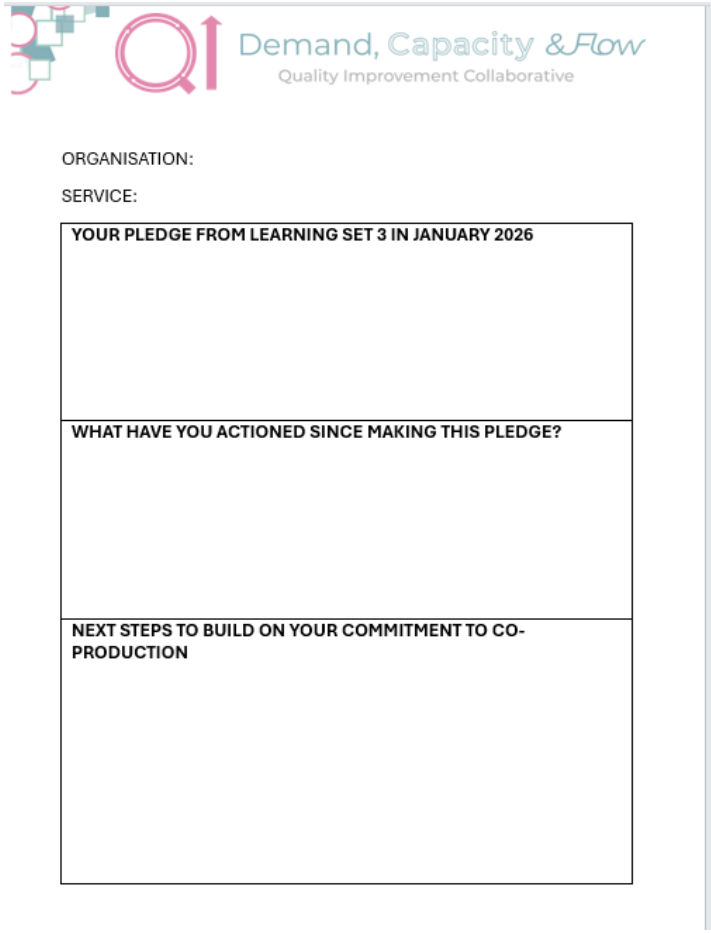
Lived Experience Pledges - Activity

10 minutes

On your tables, you have a worksheet with your pledge from the Jan-26 learning set.

In your teams, reflect on:

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



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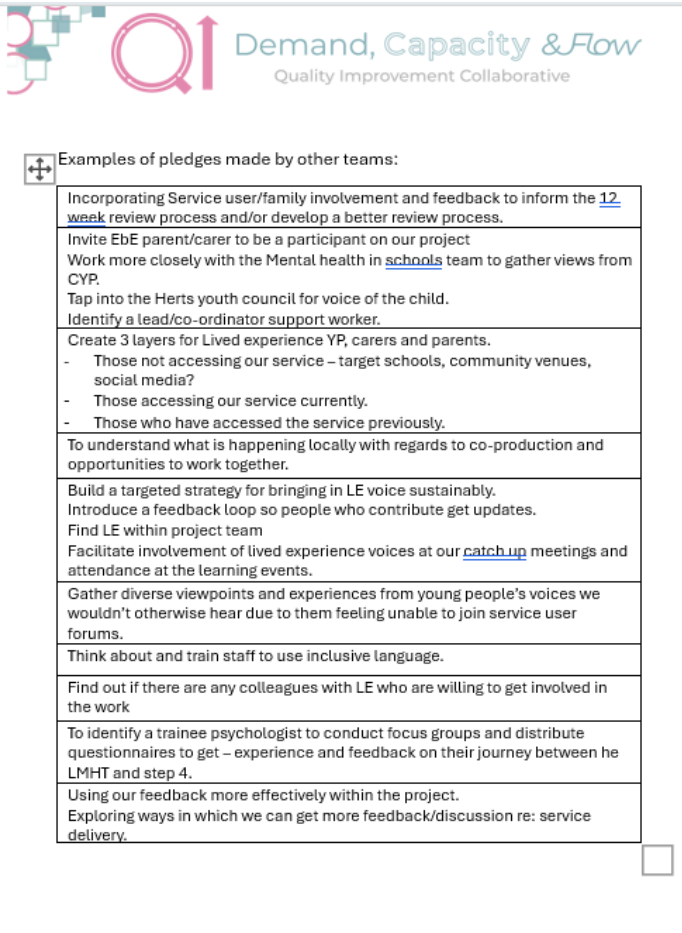
ORGANISATION:

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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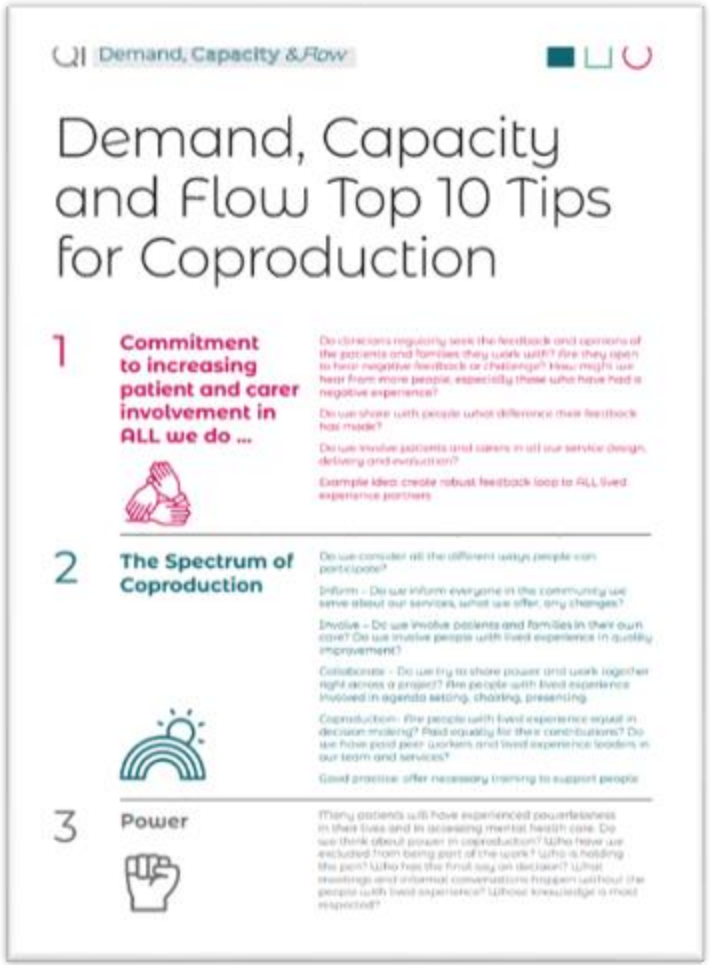
Examples of pledges made by other teams:

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.

New Co-production – top tips Document



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Demand, Capacity and Flow Top 10 Tips for Coproduction

1 **Commitment to increasing patient and carer involvement in ALL we do ...**

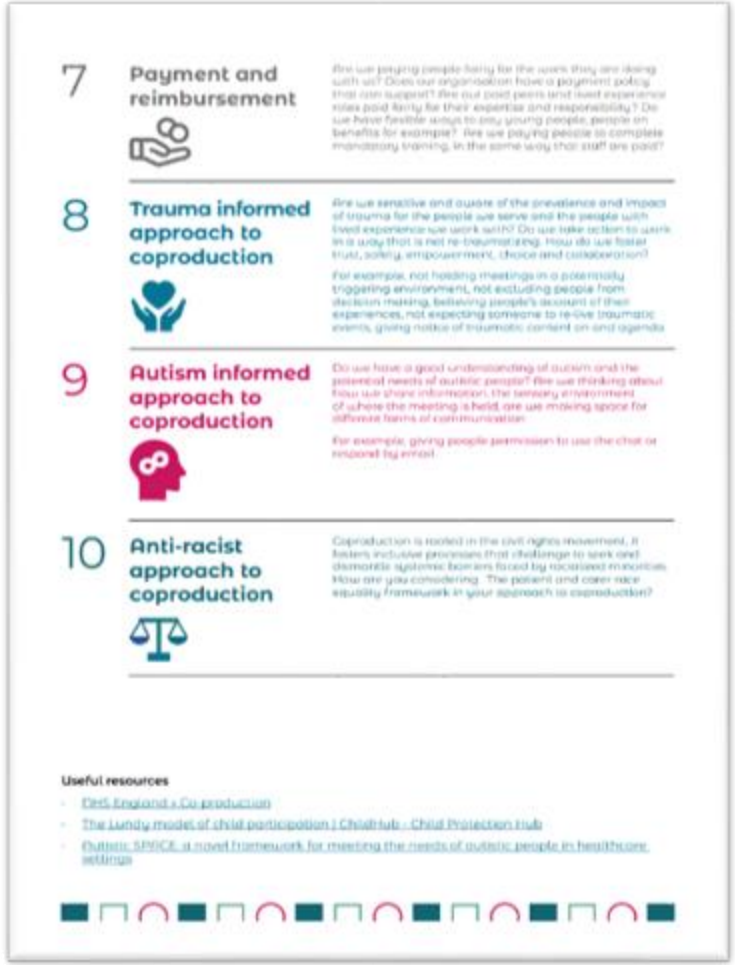
2 **The Spectrum of Coproduction**

3 **Power**

4 **Language and accessibility**

5 **Support and training**

6 **Diversity of voice**



7 **Payment and reimbursement**

8 **Trauma informed approach to coproduction**

9 **Autism informed approach to coproduction**

10 **Anti-racist approach to coproduction**

Useful resources

- NHS England » Co-production
- The Lundy model of child participation | Childhub - Child Protection Hub
- Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings

Demand, Capacity &Flow
Quality Improvement Collaborative

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

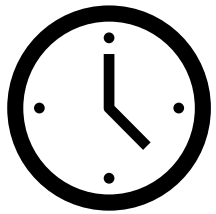
NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Working on your project

Anna Roach

QI coach

Working on your project



45 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

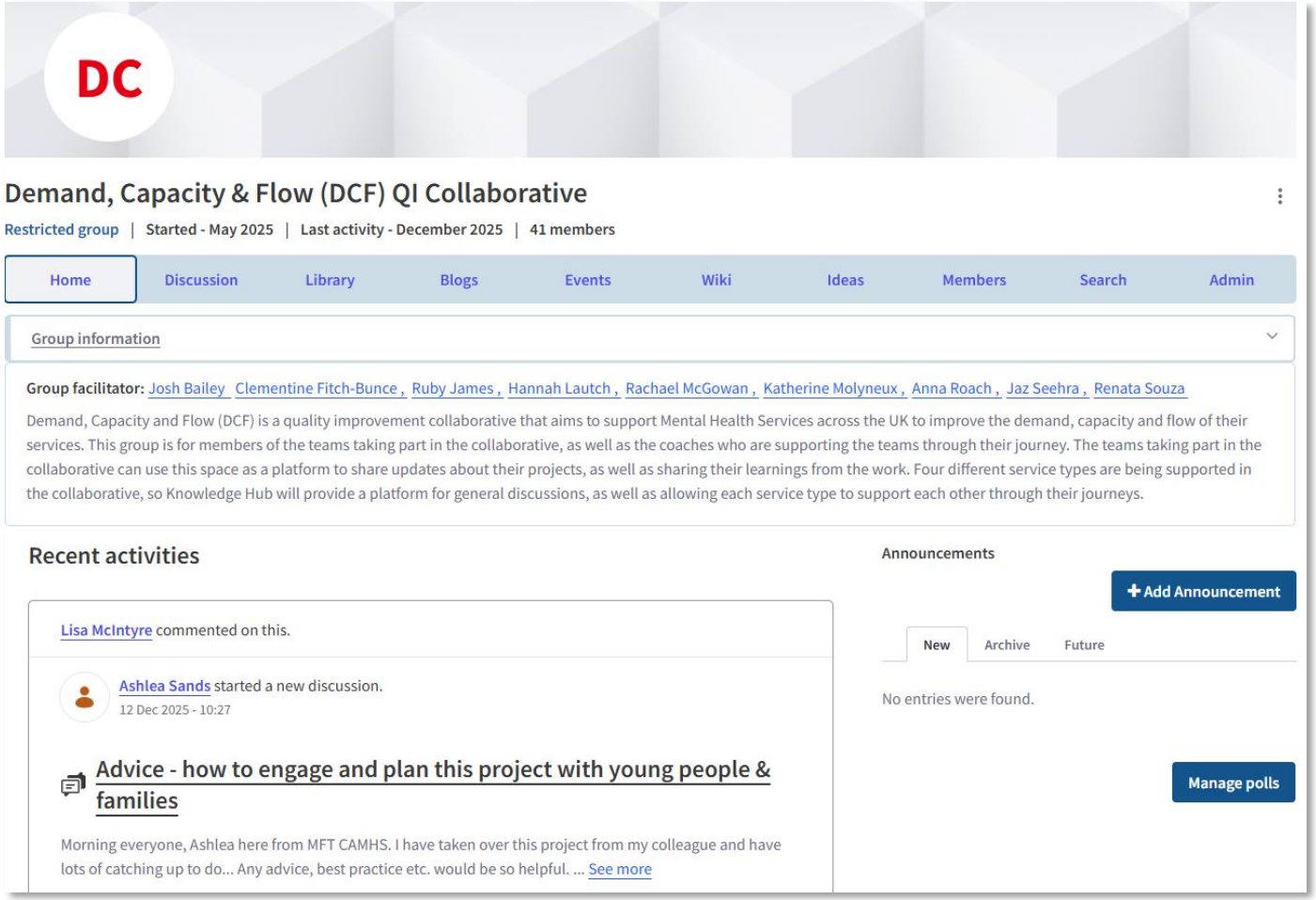
Clementine Fitch-Bunce

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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Feedback and close

- 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**