



Demand, Capacity & Flow QI Collaborative

Learning Set 1

27 April 2023



Demand, Capacity & *Flow*
Quality Improvement Collaborative



NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH

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 **12:55-13:40** and will be served in **Room 1.1** (just outside the main auditorium).
- **Room 1.1** is also 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.

Twitter

- We will be live tweeting this event so you may see the QI coaches on their phones during some sessions. Please also find and follow us **@NCCMentalHealth** or search for **#DCFQI**.
- We encourage use of Twitter and social media to share the work that you are doing throughout the collaborative.
- However, we kindly ask you not to tweet people's names, photographs of people's faces or their talks without their permission.

Thank you!!

Agenda

Time	Item	Speaker
11:00-11:05	Welcome and housekeeping	Amar Shah, National Improvement Lead, NCCMH
11:05-11:15	Ice breaker	Adele de Bono, QI Coach, NCCMH
11:15-11:20	Re-cap	Amar Shah, National Improvement Lead, NCCMH
11:20-12:10	Reviewing your flow chart and learning from each other	Renata Souza, QI Coach, NCCMH
12:10-12:55	Helping your QI project take shape	Saiqa Akhtar, Senior QI Advisor, NCCMH
12:55-13:40	LUNCH	
13:40-13:50	Sharing ideas for your QI project	Adele de Bono, QI Coach, NCCMH
13:50-14:45	Involving people with lived experience in your QI project	Ben and Sarah Markham, NCCMH Patient/Carer representatives
14:45-14:55	Next steps for your QI project	Aarti Gandesha, QI Coach, NCCMH
14:55-15:00	Close	Emily Cannon, Head of QI, NCCMH

Ice breaker

Find another person you don't know, on the other side of the room wearing the same colour as you, and pick a question to each answer...



Ice breaker

- Would you rather automatically sing along or dance to every single song you hear?
- Would you rather find yourself in the middle of a food fight or a water balloon fight?



Ice breaker

- Find someone you don't know, on the other side of the room wearing the same colour as you, and ask them: 'What are you hoping to get out of today?'





Recap

Dr Amar Shah

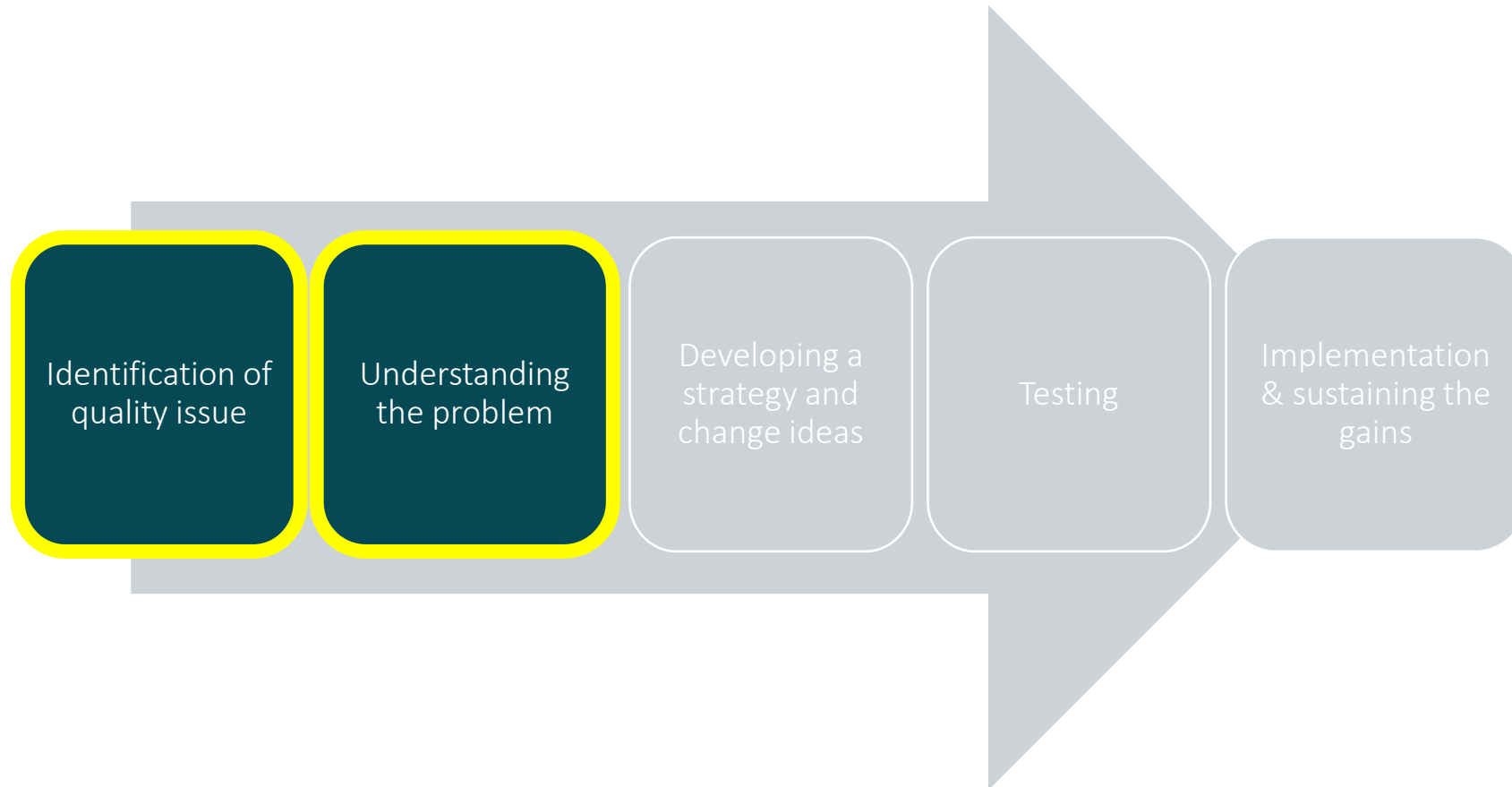
National Improvement Lead, RCPsych



Demand, Capacity & *Flow*
Quality Improvement Collaborative



Applying Quality Improvement



QI coaches have been working with you to develop your flow charts



NELFT Quality Improvement Services

@nelftqis



Great morning [#ProcessMapping](#) the pathway from referral to discharge with Havering [#CAMHS](#) as part of the [#DFCQI](#) Collaborative with [@rcpsych](#) with support from [@Nurse4lifeKelly](#)

Follow the [#DemandCapacityFlow](#) Collab here nelft.nhs.uk/demand-capacit...

[@NELFT](#) [@NELFTLetsEngage](#) [#QITwitter](#)



Katie Lidington

12:31 PM · Mar 2, 2023 · 466 Views

5 Retweets 1 Quote Tweet 9 Likes

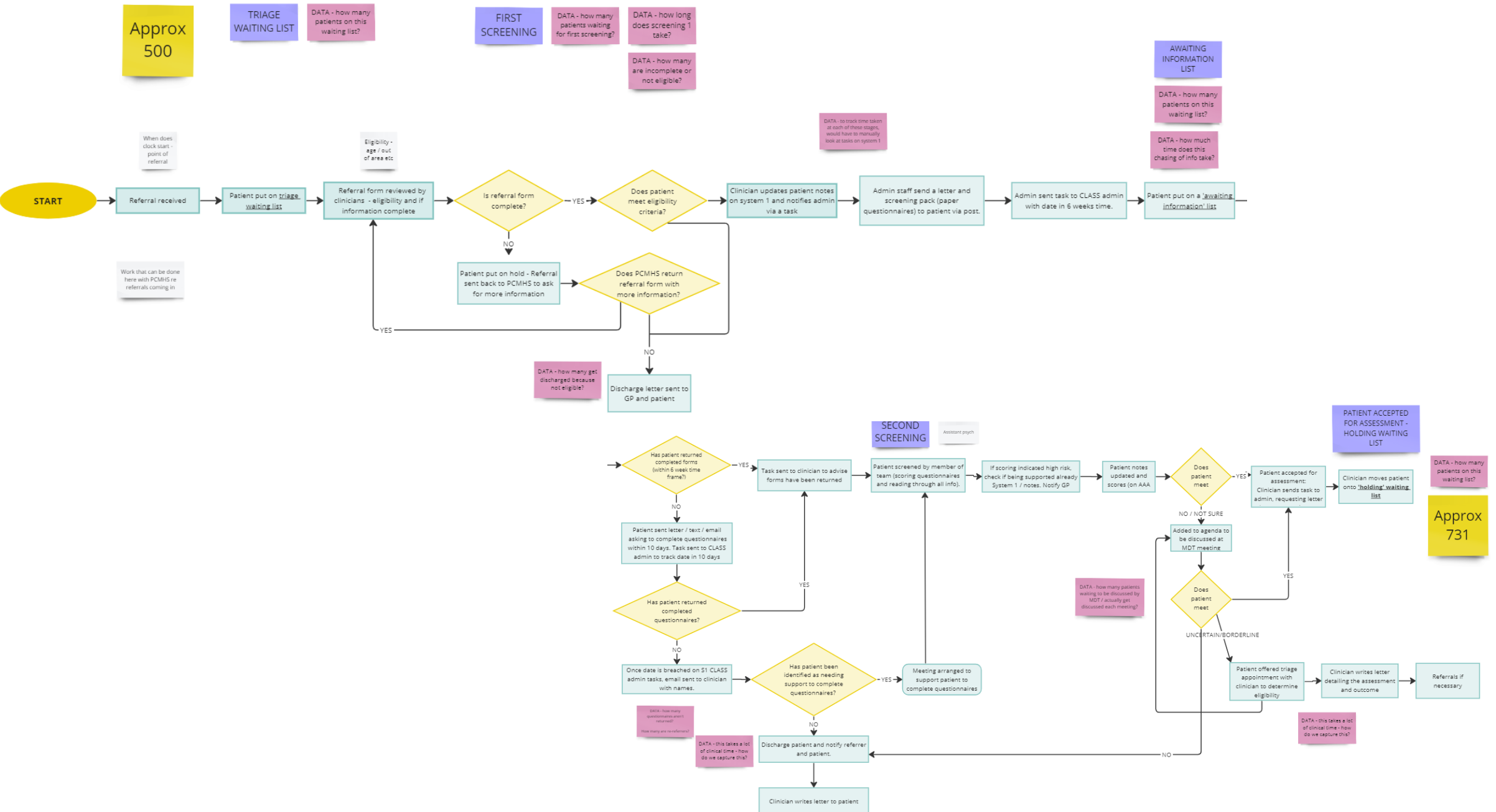


Demand, Capacity & Flow
Quality Improvement Collaborative



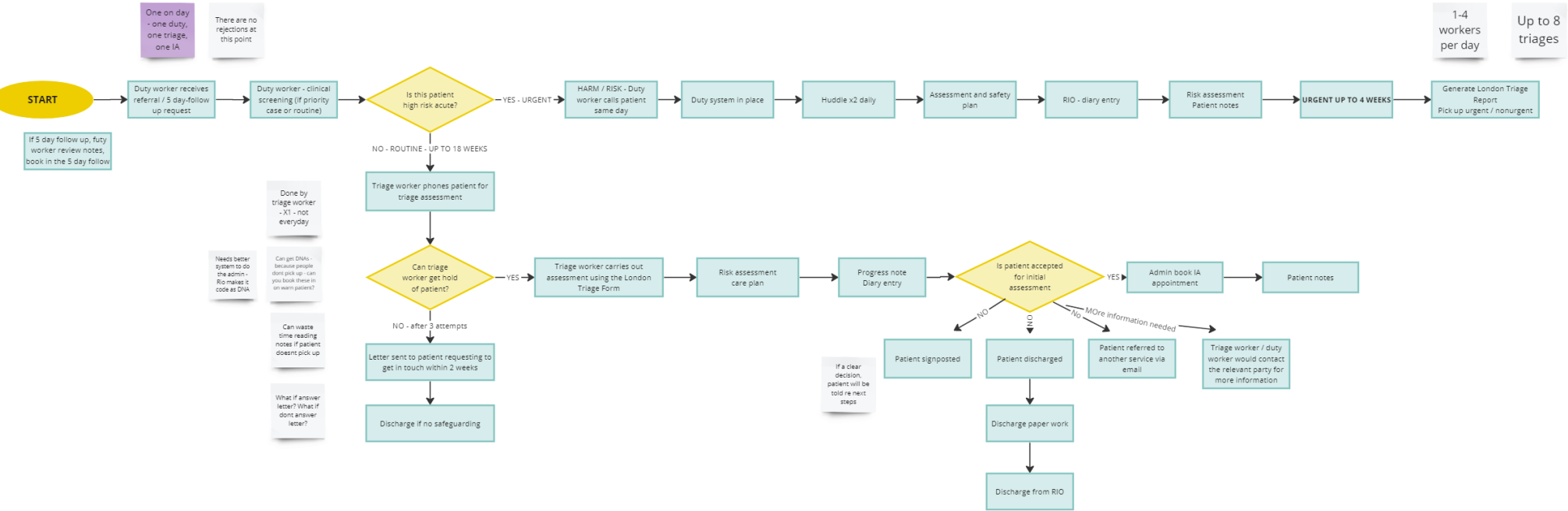
NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Cambridge and Peterborough NHS Foundation Trust – Adult autism

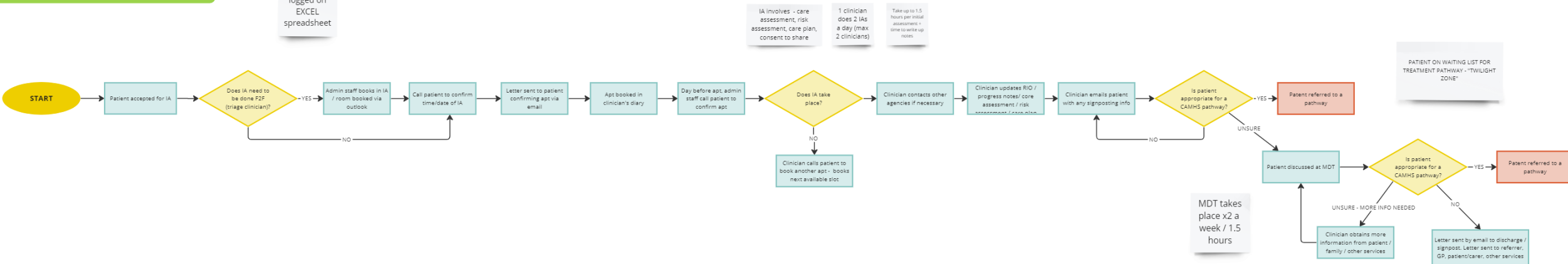


North East London NHS Foundation Trust Havering - CAMHS Team

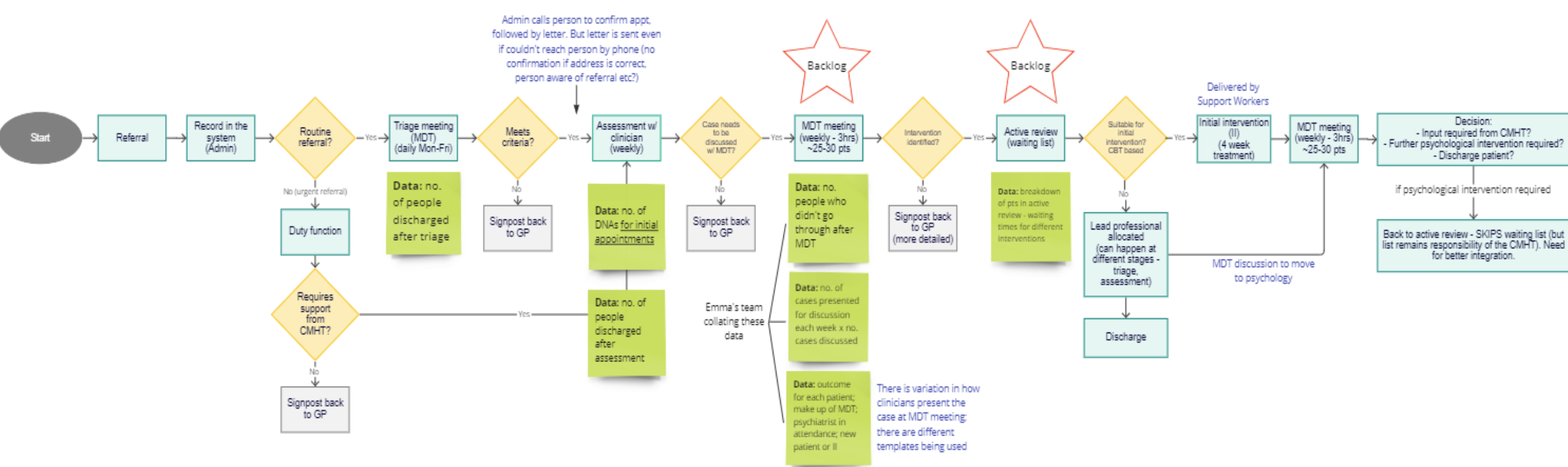
ACCESS - SCREENING AND TRIAGE



PATIENT ACCEPTED FOR INITIAL ASSESSMENT (IA)



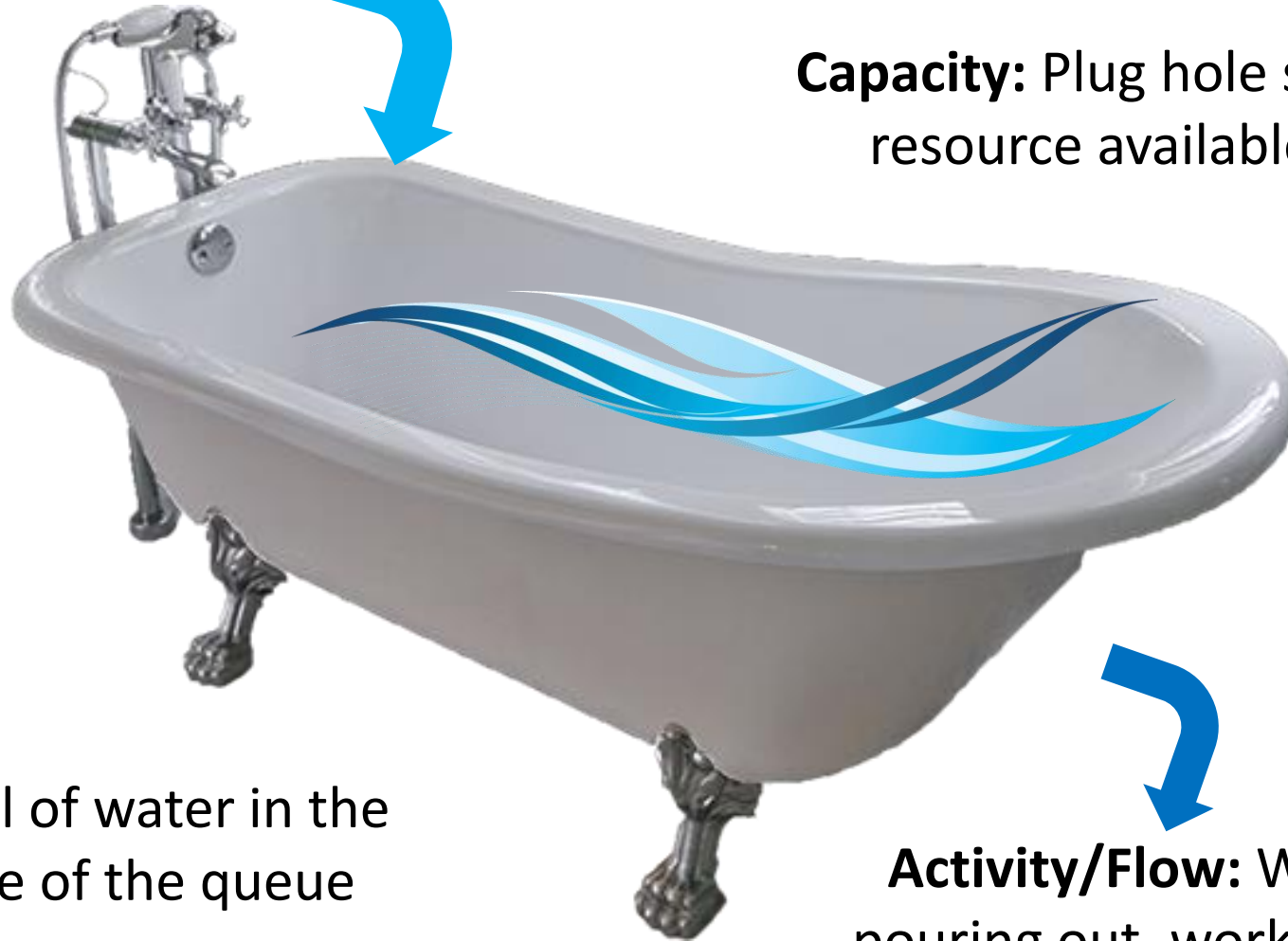
Kent and Medway Partnership NHS and Social Care Trust - Community Mental Health Team



Demand: Water pouring in, work referred in



Capacity: Plug hole size, resource available

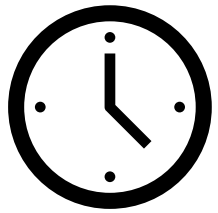


Backlog: Level of water in the bath, the size of the queue



Activity/Flow: Water pouring out, work being done

Reviewing your flow chart



10 minutes

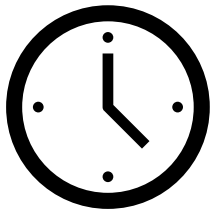
Reflecting on what you have learnt so far from creating your flow chart and looking at data...

- **Where do you think there is a flow issue / opportunities for improvement?**

Discuss as a team, and using the red marker, to draw a circle around the part(s) of the pathway you want to focus on for your project.



Learning from each other

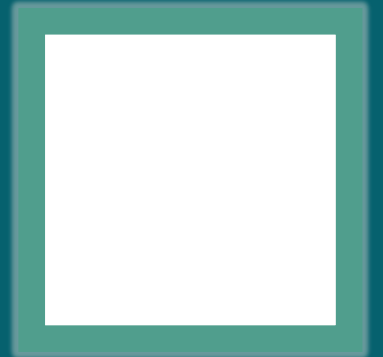


30 minutes

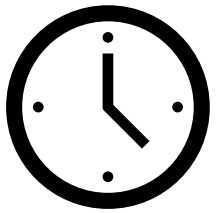
Split your team into two groups

- **Group one** stays at the table to share the work you've done with other teams
- **Group two** moves around the room, looking at other teams' flowcharts, discussing their work, sharing suggestions and ideas

Swap groups – 15 minutes for each group

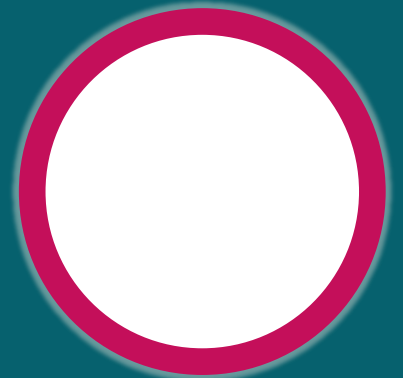
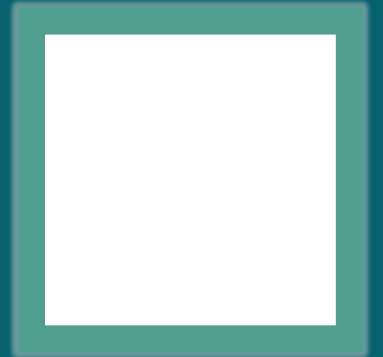


Feedback from teams



10 minutes

- **What has been your learning / light bulb moments from creating your flow charts and looking at data?**
- **Any reflections from speaking to other teams?**





Developing your aim, measures and ideas!

QI team

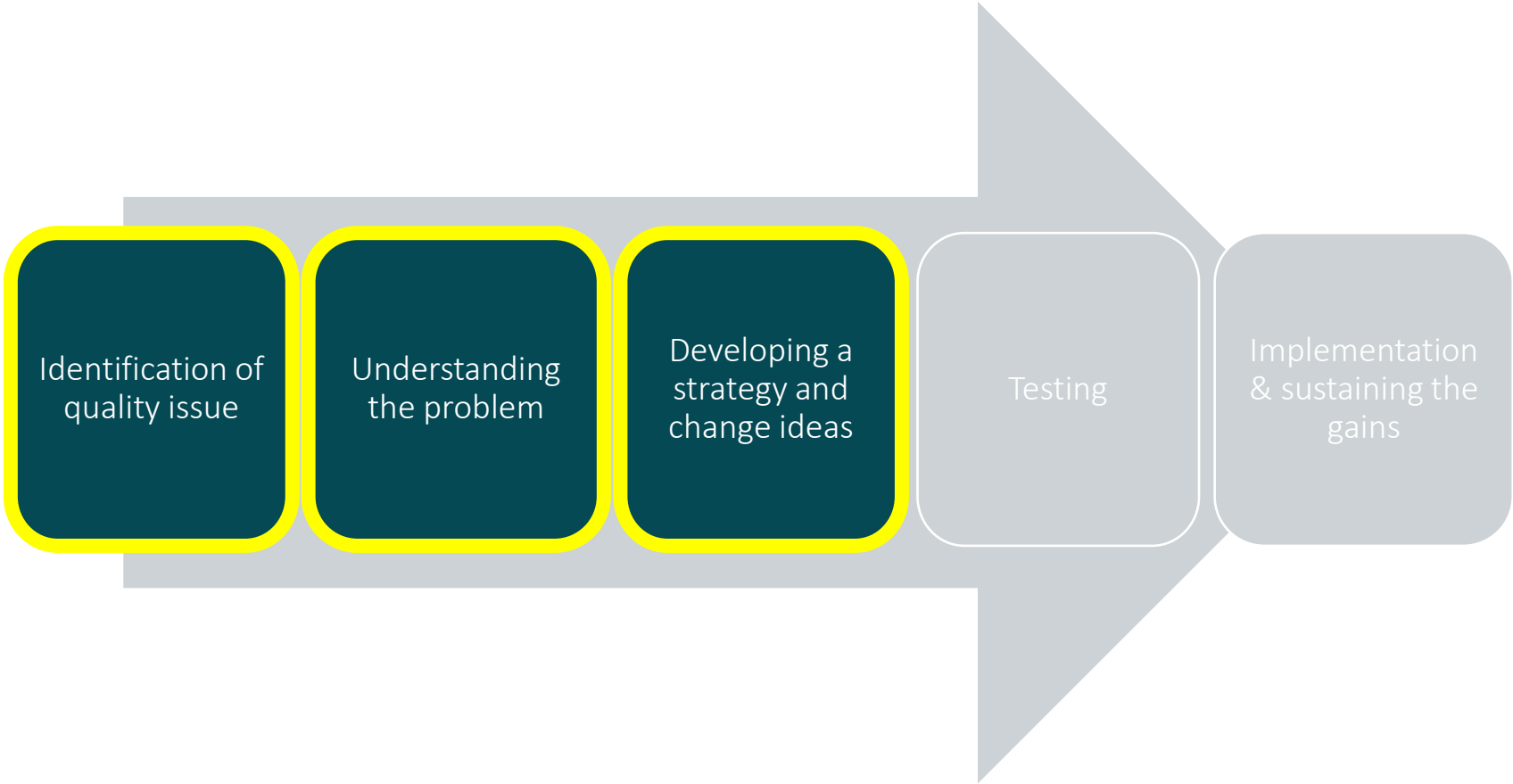
National Collaborating Centre for Mental Health



Demand, Capacity & Flow
Quality Improvement Collaborative

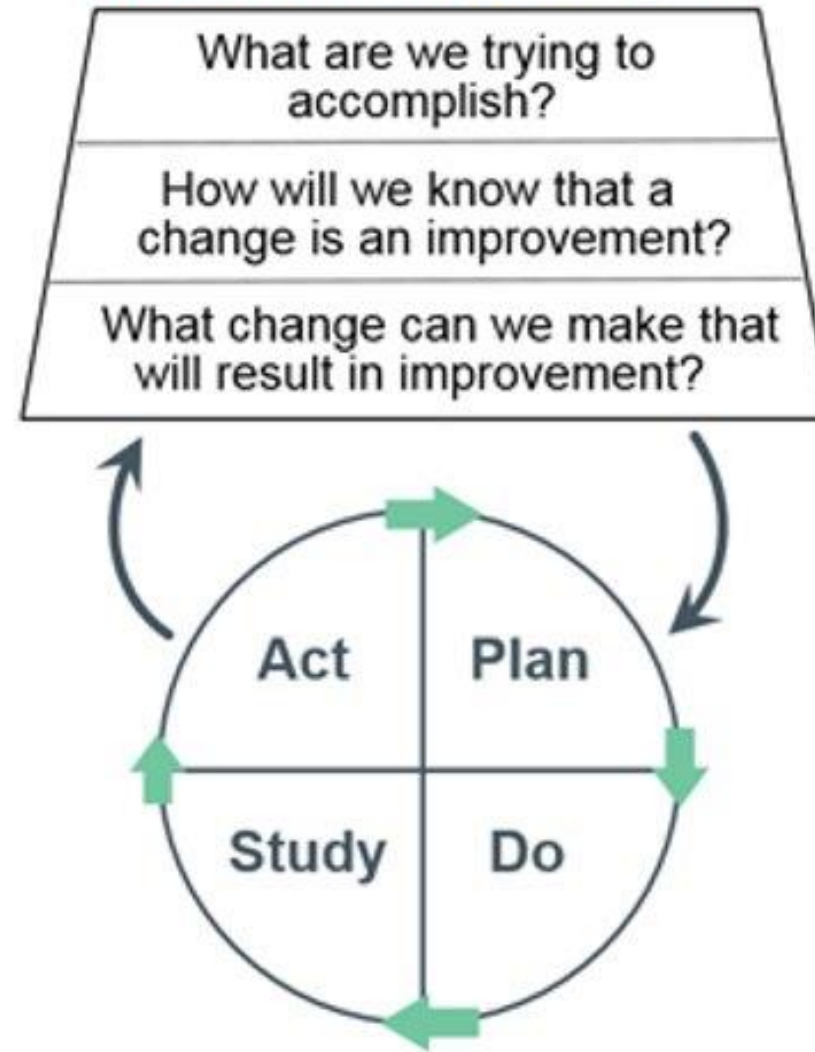


Applying Quality Improvement



What method do we use?

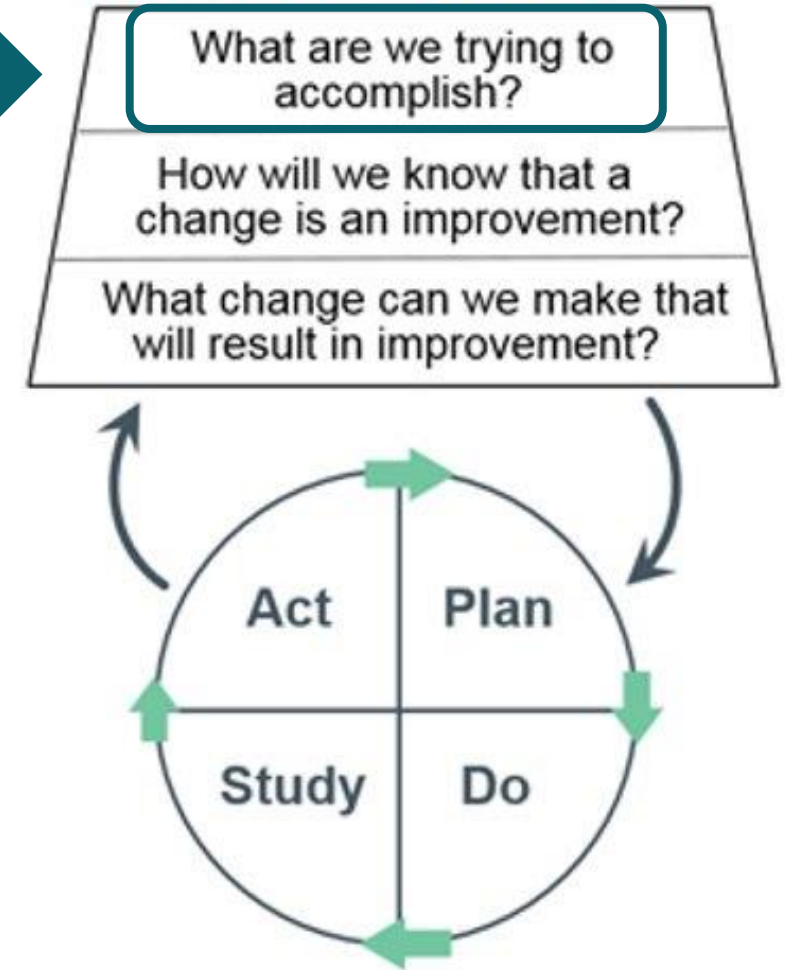
Model for Improvement



Broad aim: to support community and inpatient teams within mental health services to understand demand, develop and test change ideas to improve flow, reduce waiting lists and manage demand in creative ways.



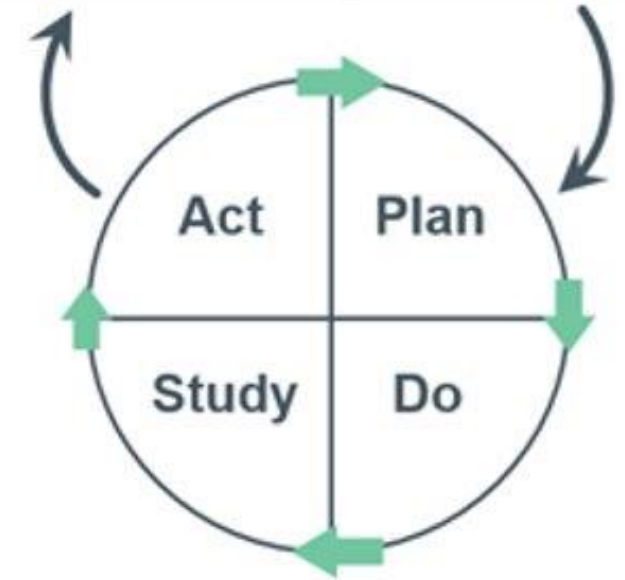
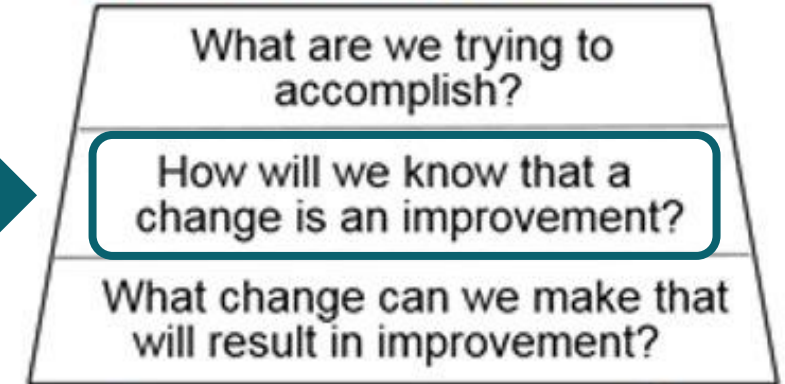
Model for Improvement



What can you measure to help you understand the impact of the change ideas that you test?

Measurement

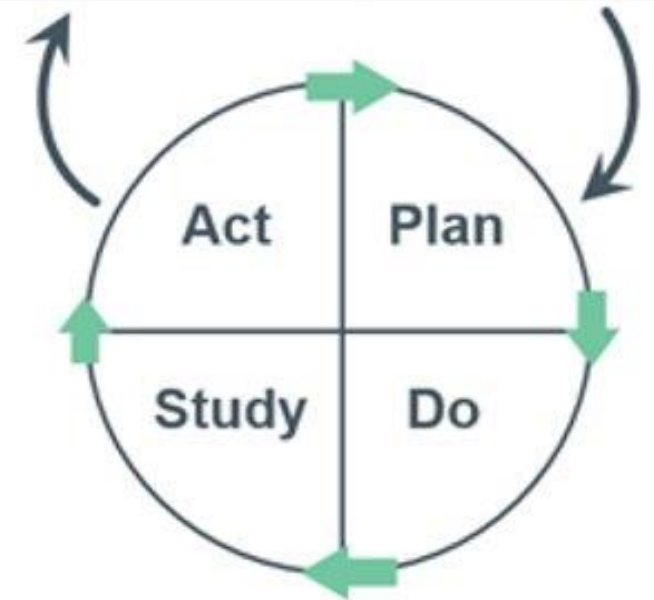
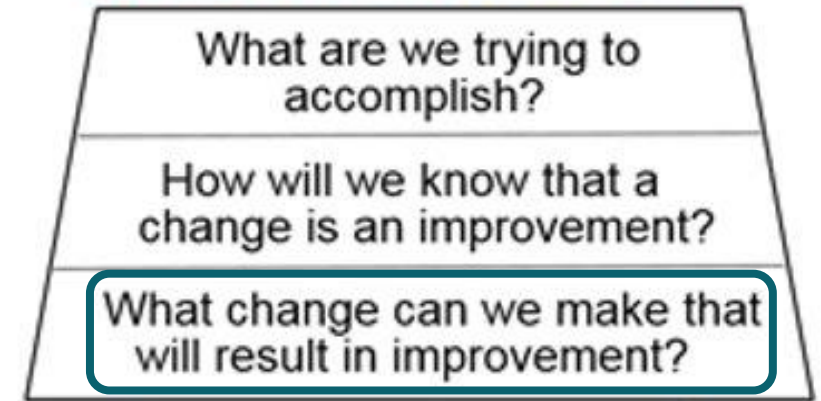
Model for Improvement



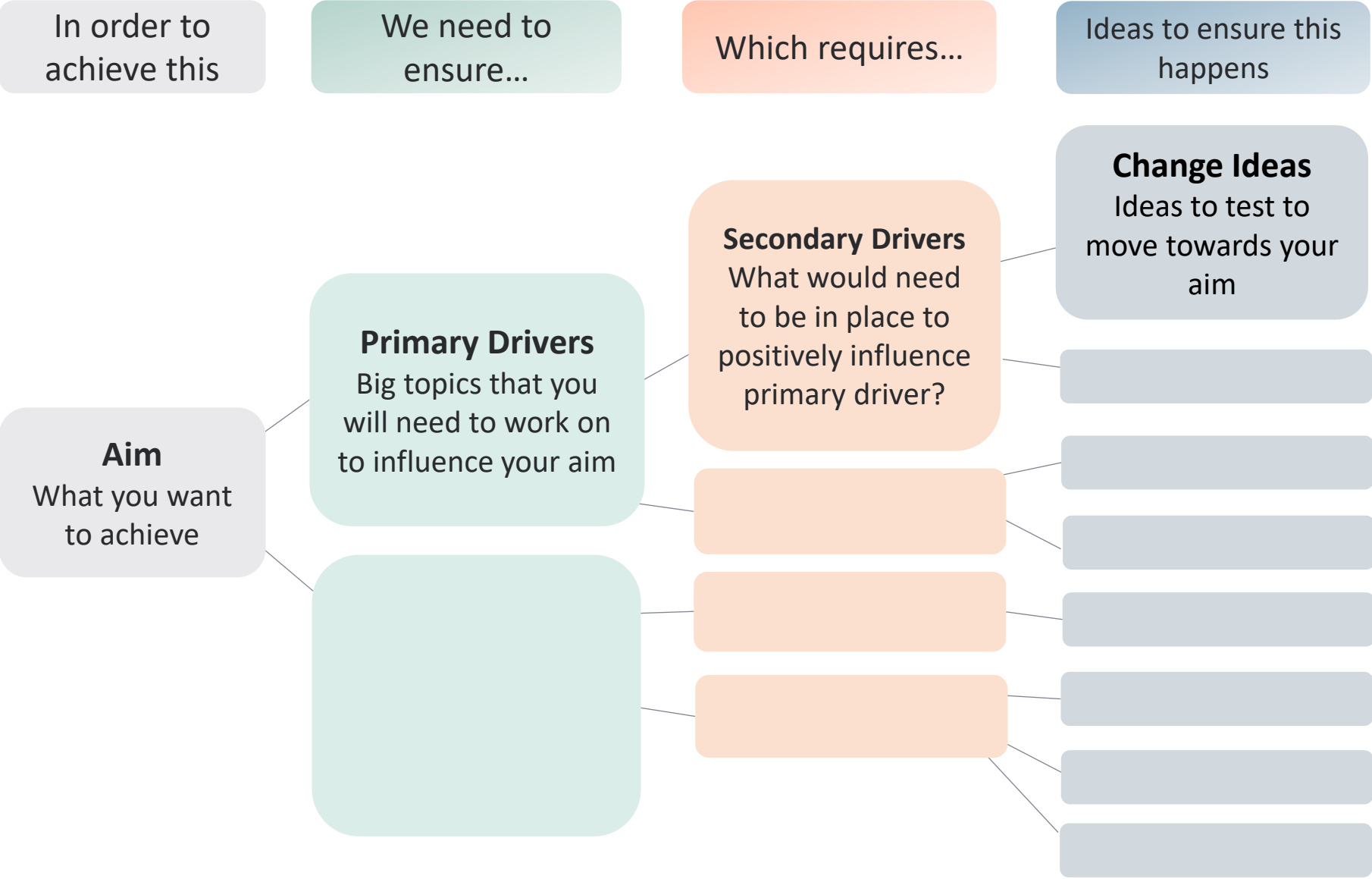
What are the key areas that you will need to focus on to achieve the aim? What ideas can you test?



Model for Improvement

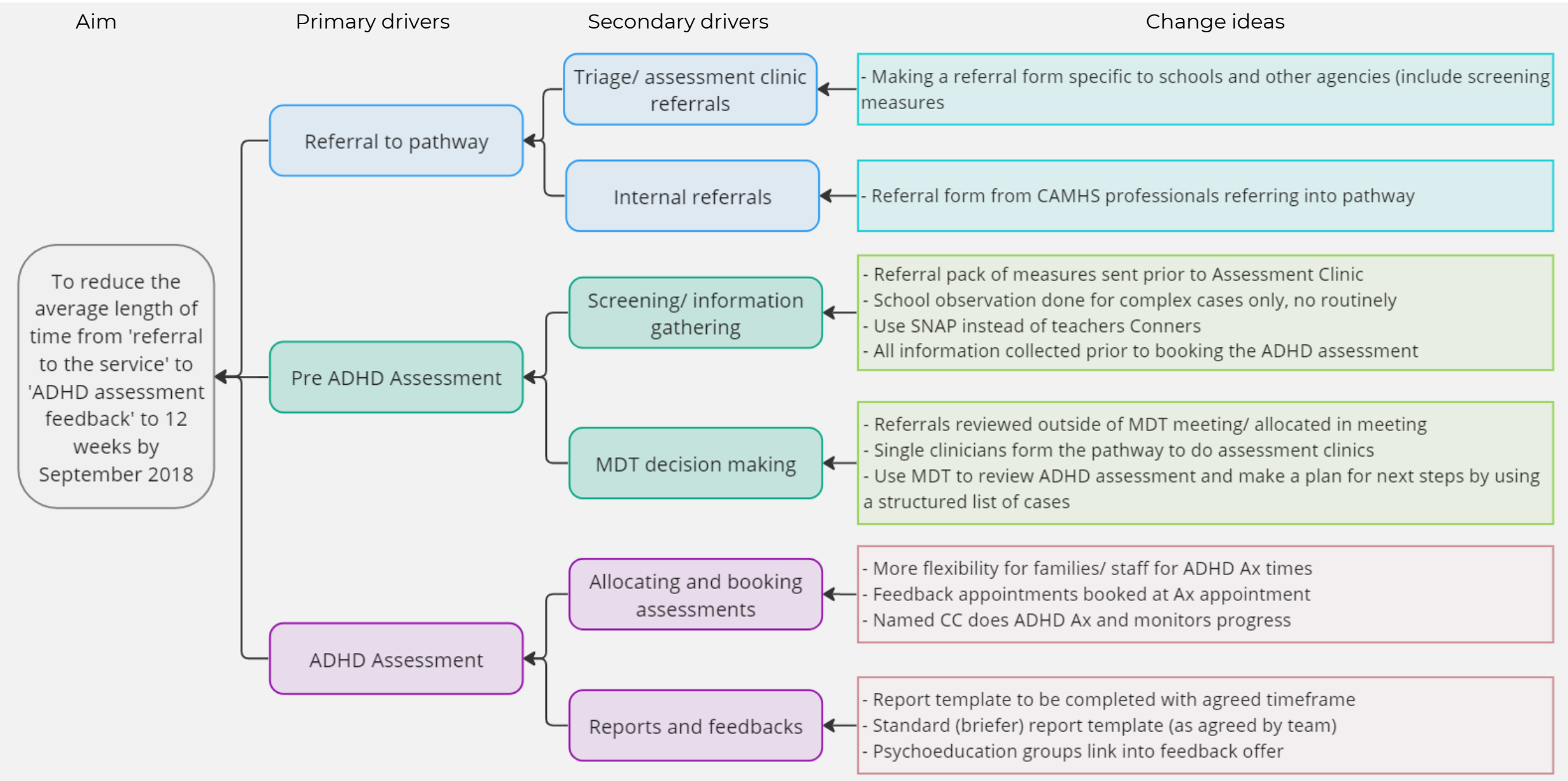


Build your theory – driver diagram



Example: Demand and capacity in an ADHD team: reducing the wait times for an ADHD assessment to 12 weeks

City and Hackney CAMHS, East London NHS Foundation Trust



Example: [Reduce the waiting times in the Luton Memory Assessment Service \(elft\)](#)

East London NHS Foundation Trust

Aim

Primary drivers

Secondary drivers

Change ideas

Reduce waiting times from receipt of a referral until diagnosis and start of treatment.
To achieve 90% of people receiving an initial assessment within 6 weeks from referral by October 2018.
To achieve 95% of people receiving diagnosis and start of treatment within 12 weeks by April 2017, and 100% of people by October 2017.

Appropriate referrals into Memory Clinic

Increase the ratio of appropriate referrals into the memory clinic

Send GP body letter to request acceptable referrals

Develop protocols dealing with and minimising DNAs

Incorporate allied services, SU and carers into QI project team

Provision of a service user-clinician acceptable pathway

Provide seamless and clinically effective pathway to ensure time lines are met

Review dictation/ typing needs of clinicians in order for letters to GPs to be sent within 1 week

Neuropsychological Assessment
QI: reducing time from referral to report completed and feedback to the team to 6 weeks

OT: to implement ADL questionnaire to enrich the initial assessment process and identify appropriate OT referrals

Designing communication processes to minimise delays in time lines

Enablement of effective inter- and extra- team communication through liaison and leader-led trouble shooting

Train clinicians to perform initial assessments

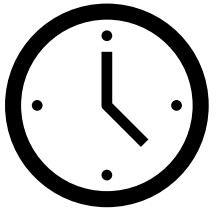
Streamline MDT meeting minutes to ensure effective action plans and transparency

Maximising uniformity and optimal use of RiO by team

Cleansing of exiting RiO data

Streamline CT scan process

Developing your QI project



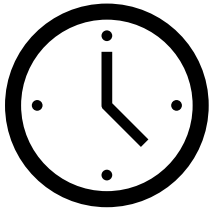
20 minutes

- What do you want to improve? Develop a SMART **aim** for your project.
- What can you **measure** to understand if the changes you are testing are leading to improvement?

Complete worksheet provided



Change ideas



10 minutes

Thinking about the areas you want to focus on...

- What **change ideas** can you test to improve these areas?

Add your ideas to sticky notes and add them to the relevant parts of the flow chart



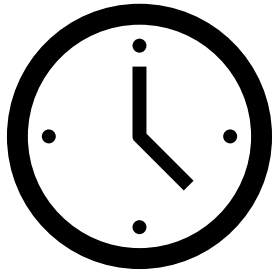


Lunch

12.55 – 13.40



Sharing ideas for your QI project



10 minutes

What are thoughts so far on your aim, measures and change ideas?



Involving people with lived experience in your QI project

Sarah Markham and Ben

NCCMH DCF patient/carer representatives



Demand, Capacity & *Flow*

Quality Improvement Collaborative



NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH

Having a person in a lived experience role on the project team: where are we at?



Planning



Recruiting



Recruited

Today



**Think
about**

what people in lived experience roles
can add to Project Teams



Consider what gets in the way of realising this



Share

ideas on how to 'make it happen'



Demand, Capacity & Flow
Quality Improvement Collaborative



NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH

What can a person in a lived experience role add to a Project Team?

(3 minutes to discuss)

Please go to:
<https://www.menti.com>
enter code: 2675 2880

OR

scan the following QR code:



Demand, Capacity & Flow
Quality Improvement Collaborative



NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH



...now, imagine how you'd get in the way of achieving all those benefits...

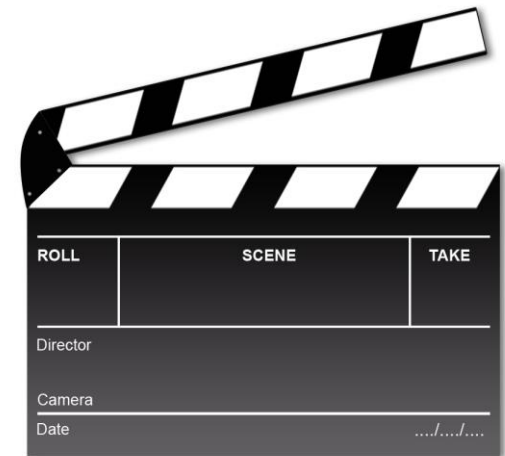
Create a practical issue



Adopt an unhelpful attitude...



...and an unhelpful behaviour



ROLL	SCENE	TAKE
Director		
Camera		
Date		

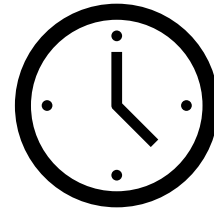


Demand, Capacity & Flow
Quality Improvement Collaborative



NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Discuss in tables (5 minutes)



Issues, attitudes and behaviours

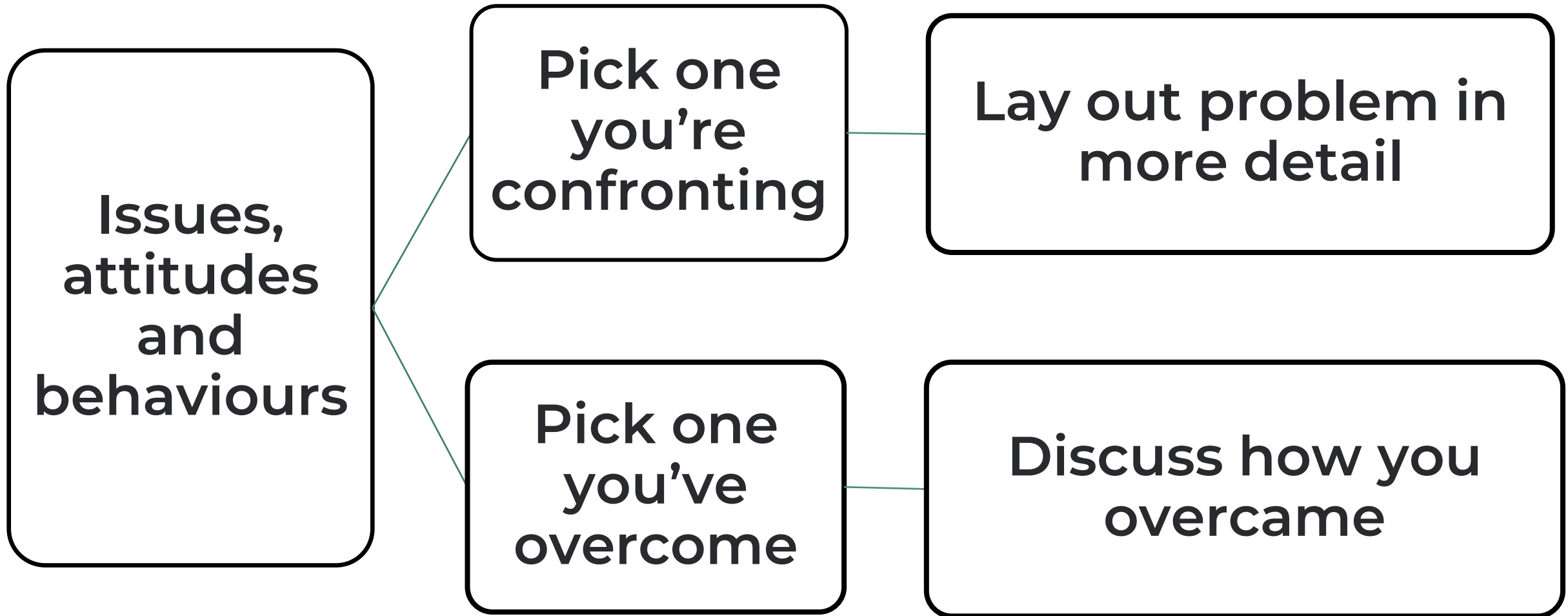
Please go to:
<https://www.menti.com>
enter code: 2675 2880
OR
scan the following QR code:



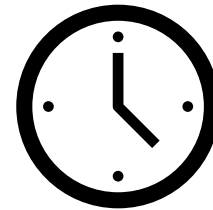
Demand, Capacity & Flow
Quality Improvement Collaborative



NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH



Discuss in tables (7 minutes)





Challenges?



Solutions?



Demand, Capacity & *Flow*
Quality Improvement Collaborative



NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH

OK and now what next?

- What can we do differently?
- What ideas can we try out with people in lived experience roles, to optimise team working within the project?
- How can we share and embed what we learn?





Next steps for your QI project

Aarti Gandesha

QI Coach, NCCMH

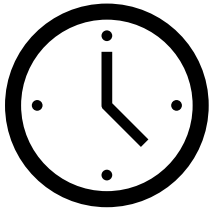


Demand, Capacity & *Flow*

Quality Improvement Collaborative



Next steps for your QI project



10 minutes

With your team and QI Coach, think about....

- **Your next steps**
- **Your first action when you meet as a team**

Use worksheet provided





Close

Emily Cannon

Head of Quality Improvement, NCCMH




Demand, Capacity & Flow
Quality Improvement Collaborative



NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH

Optional drop-in sessions

Time	Item	Facilitators
15:00-15:30	Time with QI coach	DCF QI Coaches
15:00-15:30	Reflecting on the day	Ben Walford and Sarah Markham, NCCMH DCF Patient/Carer representatives Rosanna Bevan, QI Coach

- 
- 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.

