Improving mental health services to improve ratings and safety

People, staff and the system

Natasha Sloman, Head of Hospital Inspection (Mental Health)

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A bit about me

Current role:
Head of Hospital Inspection (Mental Health) at CQC

Previous roles:
• Mental health social worker at Camden and Islington Foundation Trust
• Approved Mental Health Professional (AMHP)

What drives me?
Parity of esteem

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Plans for today

1. Driving improvement in mental health trusts – patients, staff and the system

2. What driving improvement in mental health looks like to me
   • The experience perspective – Hannah Macdonald, West London Mental Health Trust
   • The provider perspective – Lincolnshire Partnership Foundation Trust
   • The regulator perspective - overview of joint CQC and NHS Improvement mental health patient safety programme

3. Q&A – a chance to question our panel

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Talking to trusts

What was your reaction to getting a low rating?

How did you involve staff/public and patient representative groups?

Do you have examples of improved outcomes for patients?

Did your inspection report help you to improve?

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What did trusts do to improve their ratings?

1. Leadership
2. Staff engagement and empowerment
3. Involving people who use services
4. Governance
5. Culture
6. CQC engagement
7. Next steps on the improvement journey
The system: organisations working together

- Work with others in the local health and care system

- Encouraging the sharing of best practice and learning from others

- Making services work for the population i.e. single point of access

“Most of our services are now delivered in partnership with another agency… We have tried to change the culture from criticising to being jointly accountable for improving health.”

Caroline Donovan, North Staffordshire

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Staff: compassionate leadership and collaboration are essential

- Clear direction from senior leadership – **vision, principles and purpose**

- Regular communication and staying in touch with workforce

- Broadening the leadership base and **collaboration** in decision making

North Staffs – “We radically changed clinical leadership and pushed decisions down so clinicians could lead”. The trust also put 140 managers through a leadership programme.
People: involving people who use services

- More patient focused and less focused on services
- Learning from each others views and experiences to make services better for all
- Having forums where members of the community can share views

“SUN:RISE, the trust’s service user network, is closely involved in the work of the trust…Before it was them and us – the staff and service user. Now we feel at the heart of care, but there is still a long way to go.”

Sheffield

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Hearing from our panel

• The experience perspective – Hannah Macdonald, West London Mental Health Trust

• The provider perspective – Lincolnshire Partnership Foundation Trust

• The regulator perspective - overview of joint CQC and NHS Improvement mental health patient safety programme
The experience perspective

Hannah MacDonald,
Representative from West London Mental Health Trust
The provider perspective

Dr John Brewin,  
@JohnBrewinLPFT  
Chief Executive,  
Lincolnshire Partnership Foundation Trust

Anne-Maria Newham MBE,  
@AnneMNewham  
Director of Nursing, AHPs & Quality,  
Lincolnshire Partnership Foundation Trust

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The NHS Improvement perspective

Dr Helen Smith,
Clinical Director, Mental Health Safety Improvement Programme
Questions to the panel
What do you think is the biggest challenge to driving improvement in mental health?

What is the one thing you think could overcome it?

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What do you think is an enabler for improving mental health services?
What should a five star mental health service look like?
Over to you, any questions for our panel?
Thank you for attending!

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