



Culture of Care

Launch event

21 May 2024

NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH



Neurodiverse
Connection

Global
Black
Thrive

NCISH



Welcome

Brendan Stone (he/him)

Associate Non-Executive Director of Sheffield Health and Social Care NHS Foundation Trust

Professor of Social Engagement and Humanities, University of Sheffield

Co-founding Director, Sheffield Flourish

Culture of Care Delivery Team





Introduction to the day

The aims for today:

- Co-creating the ethos, values and approach that our programme will have
- Connecting to the work with head, heart and hands
- Sharing the practical next steps for the work
- Starting to form our Culture of Care learning community
- Leaving the day feeling hopeful and motivated to do the work

What does culture of care mean to you?

Understanding how we deliver care

Tackling issues

Improving recovery journey

Family and carer involvement

Awareness

Life Impact

Therapeutic

Co-production

Empowering patients with knowledge

Patient first

Patients feeling cared for

Restorative learning

Compassion

Belief systems

Staff and patients

Relationships

Staff wellbeing

What patients are saying

Improving care

Staff engaging patients in a meaningful way

Staff feeling valued

Staff feeling cared for so that they can care for others

People and relationships at the heart of it

Questions

- We would like to give you some time to **introduce yourself** to others in your organisation
- We'd then like you to **discuss your shared principles** for how you'd like to work together today, and also when you take this programme back to your organisation and start your Culture of Care work.
- Please write your **top five shared principles on the notecard** on your table (one per organisation).
- After today's event and using everyone's principles, we will create a set of shared principles that we can use as a learning community throughout the programme.
- We will do this activity until **10:30**

Why do we need change?

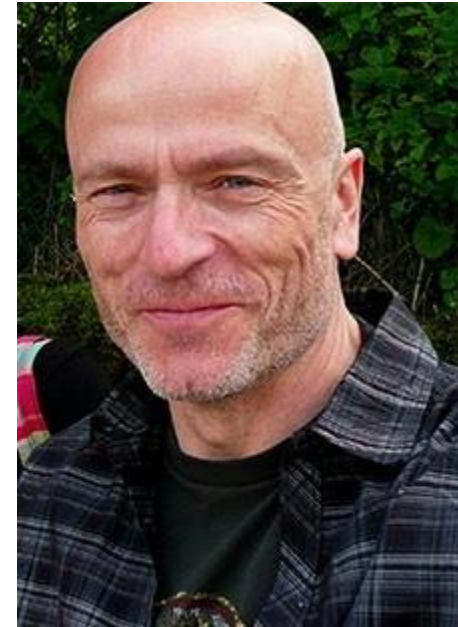




Sal Smith
(she/her),
Head of Lived
Experience and Co-
production, The
National
Collaborating Centre
for Mental Health



Jill Corbyn
(they/them),
Director of
Neurodiverse
Connection



Brendan Stone
(he/him),
Associate Non-
Executive Director
of Sheffield Health
and Social Care
and Professor of
Social
Engagement and
Humanities



Jacqui Dyer
(she/her),
Director of Black
Thrive Global



Sal Smith (she/her),
Head of Lived Experience and Co-production,
The National Collaborating Centre
for Mental Health





Why we need change? The story of self...

Sal Smith

Head of Lived Experience and
Coproduct, NCCMH



I have never been in a place more indifferent to human suffering than in a psychiatric ward.

**Recovery in the bin
2018**

Safety



Safety is not the absence of threat; it is the presence of connection

Gabor Mate

Re-traumatisation

I cannot understand how the vast majority of perpetrators of sexual violence walk free in society; whilst people who struggle to survive its after effects are told they have disordered personalities

Shaw and Proctor



“Fire can warm or consume, water can quench or drown, wind can caress or cut. And so it is with human relationships: we can both create and destroy, nurture and terrorize, traumatize and heal each other”

Bruce Perry 2017



The way we engage survivors should look and feel like the opposite of abuse otherwise we can inadvertently replicate the dynamics of abuse and cause harm. Intentionality is key

Concetta Perôt 2018



Never doubt that a small group of thoughtful committed individuals can change the world. In fact it is the only thing that ever has

Margaret Mead



Jill Corbyn (they/them),
Director of Neurodiverse Connection



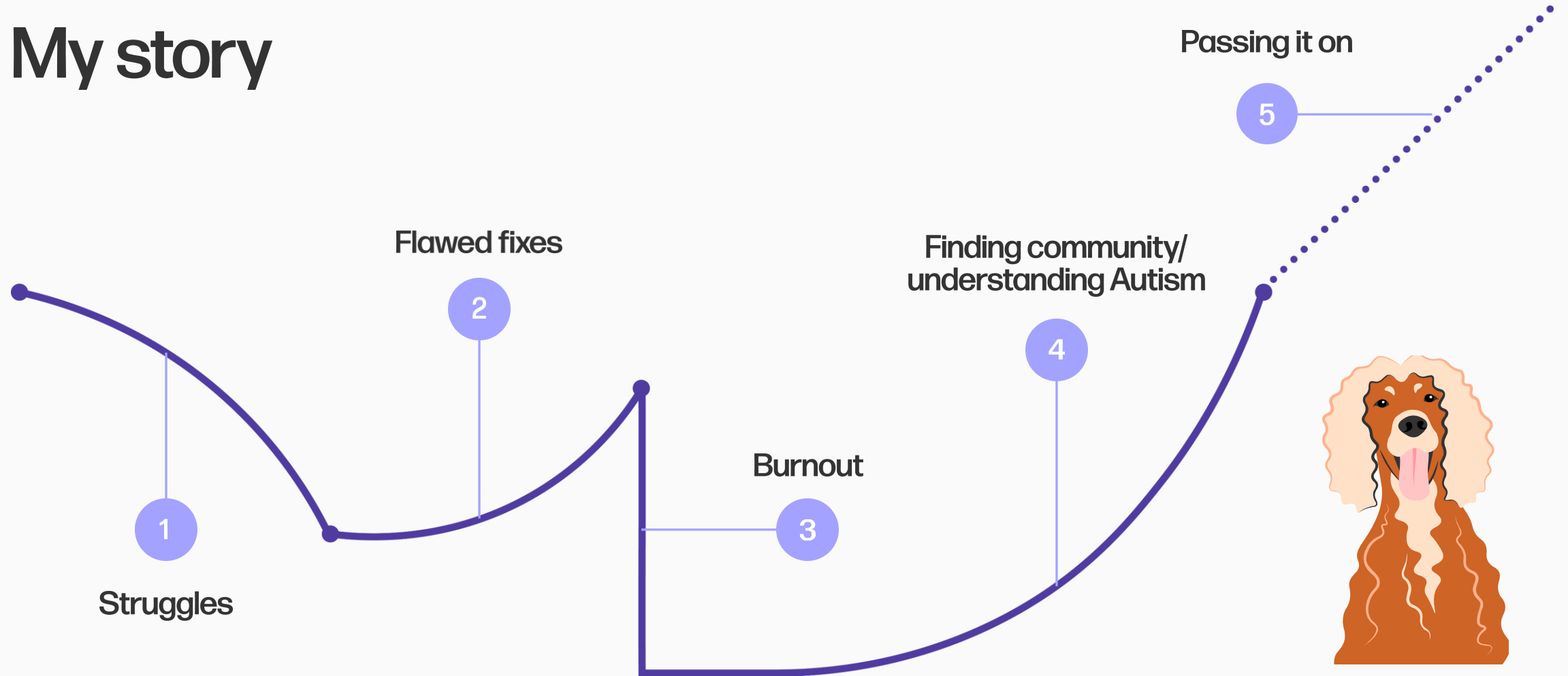
My Journey To Understanding Autism-Informed Care.

**Jill Corbyn
Founder & Director
Neurodiverse Connection**



This is Bat

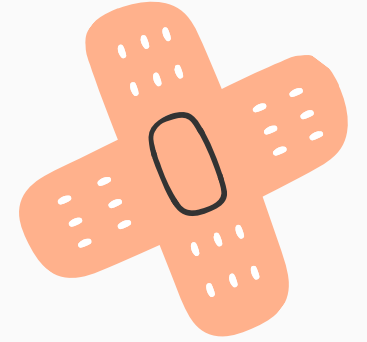
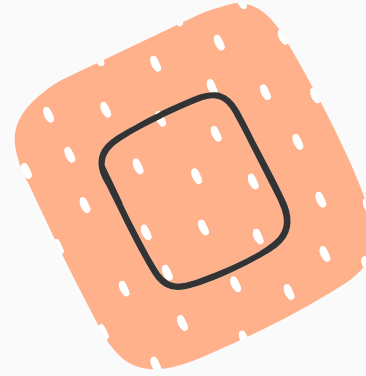
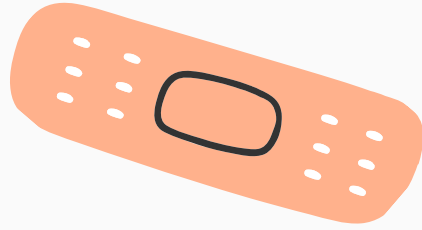
My story





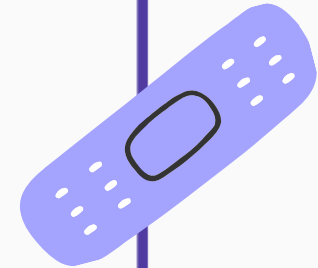
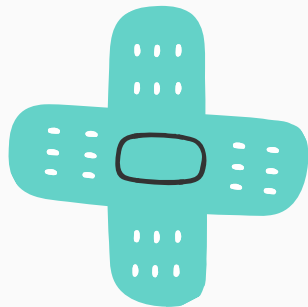
1

Struggles



2

Flawed fixes



3

Burnout

4

Finding community/ understanding Autism



5

Passing it on

Our team



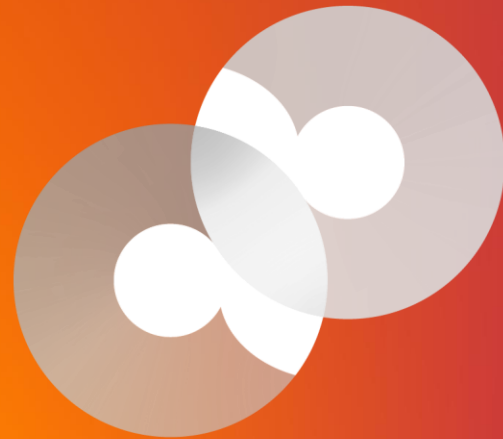
Molly Anderton



Antonia Aluko



Lucy Gilbert



Culture of Care

Thank you

→ ndconnection.co.uk/secret-bat-gallery



Brendan Stone (he/him),

Associate Non-Executive Director of Sheffield Health and Social Care and Professor of Social Engagement and Humanities
Co-founding Director, Sheffield Flourish



**Culture
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Jacqui Dyer (she/her),
Director of Black Thrive Global





Culture of Care

Trauma informed approaches in the NHS

Jason Grant-Rowles (they/them), Julie
Redmond (she/her)

Dr Philippa Greenfield and Shirley McNicholas

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A trauma informed approach

- Understanding that trauma exposure can impact someone's neurological, biological, psychological and social development.
- A process of organisational change that create conditions that promote healing and reduce the risk of re-trauma.
- A move from 'what is wrong with you?' to 'what has happened to you'?



Principles and values

- Safety,
- Empowerment,
- Collaboration,
- Choice,
- Trustworthiness,
- Equity



A model for change

- Embedding and sustaining whole organisational change
- Strategy and model
- Developing TI training offer
- Environmental audit and policy
- Robust structures to better support collaboration with people lived experience
- Strengthening leadership and accountability structures
- Deciding what change would look like (outcome measures and QI support)



Therapeutic ways to be trauma informed

- Creating safety
- Referral to ending with a service
- Choice
- Sharing information
- Mindful of language
- Compassionate routine Inquiry
- Responding to disclosures

You can expect:

To feel safe and welcome in the service you visit or stay in and offered choices within the possibility of the service

You can expect:

To feel that trauma and distress is understood and considered by how the service operates and how you are treated individually

You can expect:

To feel the environment is safe, welcoming and comforting for you and others

You can expect:

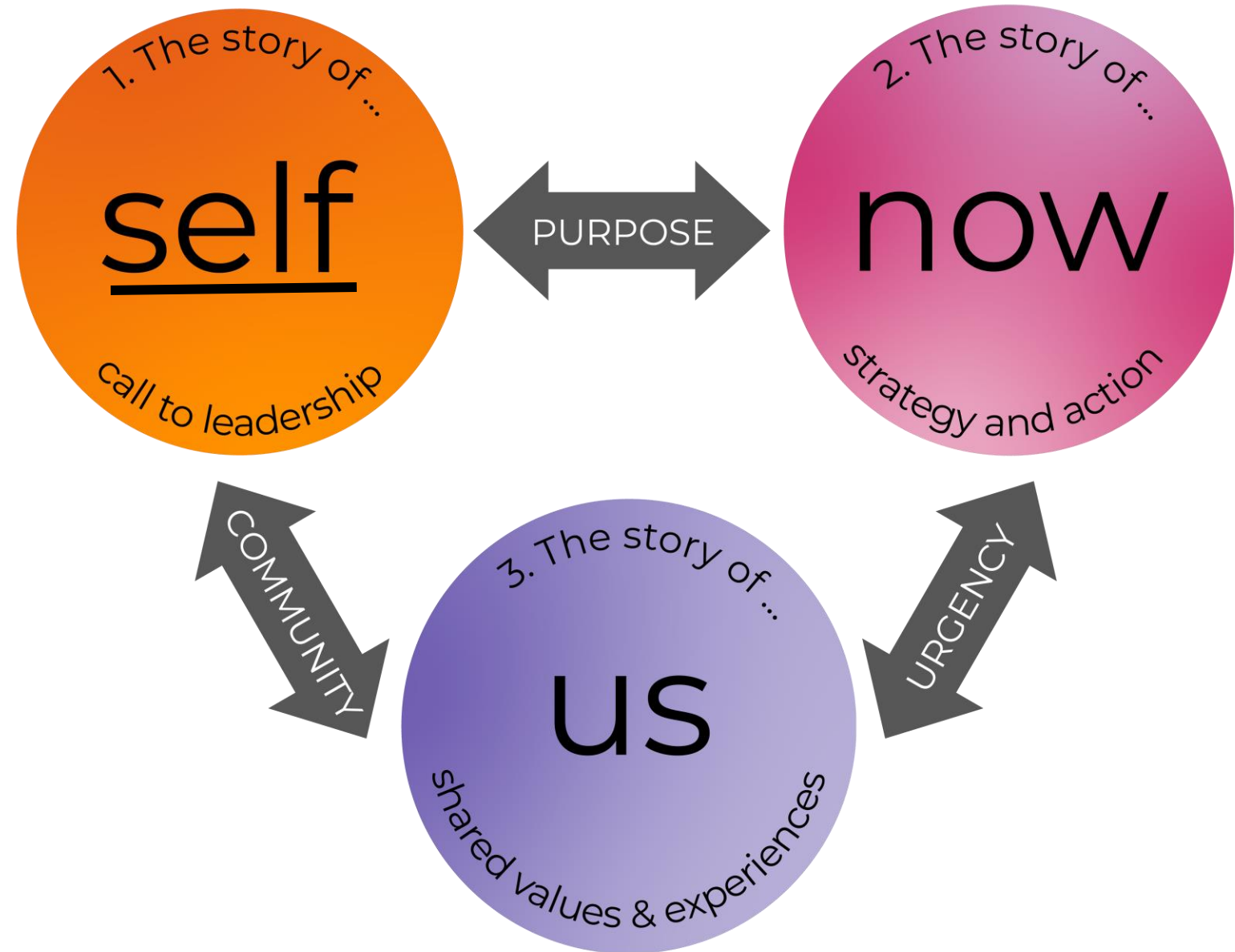
To be offered ways to give feedback and opportunities to get involved in improving services

What can you do?

- Watch video of Shirley McNicholas
[<https://www.youtube.com/embed/k9IES1HVEBs?si=YvftRh4QLVGTKN64%22>]
- Check out the list of resources that will be sent round with the slides.
- Approach your colleagues and the people you care for on the ward with kindness and understanding.
- Make the most of this opportunity



Marshall-Ganz Public Narrative



The story of self

- What motivated you to be involved in this programme and come here today?
- What motivated you to take on a position of leadership (or your current role) in your organisation?
- What led you to enter this field/line of work in the first place?

What can you expect from the programme?

Tom Ayers (he/him)

Director of the National Collaborating
Centre for Mental Health



Our approach

- Hopeful
- Open
- Curious
- Collaborative



If you are a ward

- Close support from a skilled QI coach
- Begin with appreciative inquiry into how it felt when Care was good, and when things have gone wrong
- Expect to test around 20 things over 2 years – and don't worry if some fail





If you have lived experience

- Your involvement will increase a ward's chances of success by a factor of 4
- Support to be part of a community of people co-producing the work across the country.

If you are an executive

- Coaching from someone with lived experience and someone with Board-level leadership and improvement experience
- Focused on enabling ward to develop a Culture of Care and spread that throughout your organisation
- Designed with you, and opportunity to bring the whole board into the conversation
- Opportunity to share journey with 102 other executives across the country



Organisational support

- Collaboratively decide where to focus
- QI coaching to support the organisation to make ward's improvement journeys easier



Risk

- Close support from NCISH for 10 organisations in year one to move towards a personalised approach to risk
- Learning community to learn from each other and those who are already doing it
- Look out for an email this week to put your organisations forward
- Learning shared across the whole programme in year 2



Equity

- Trauma-informed, autism-informed and anti-racism approach integrated into **every element of the programme**
- Leadership coaches bring a sharp equity lens to their coaching
- Every learning event will include a focus on equity
- Whole thing underpinned by lived experience leadership and co-production
- Design, delivery and leadership of the whole programme includes people with lived experience and experience and expertise in equity (and of inequity)



Proxy Measures

2024 July Avg

RP: 10

SH: 13

AWOL: 14

AS: 10%

Change Score



Select Ward ▼

Select Organisation ▼

Select Region ▼

Overview

Proxy Measures

Patient Experience

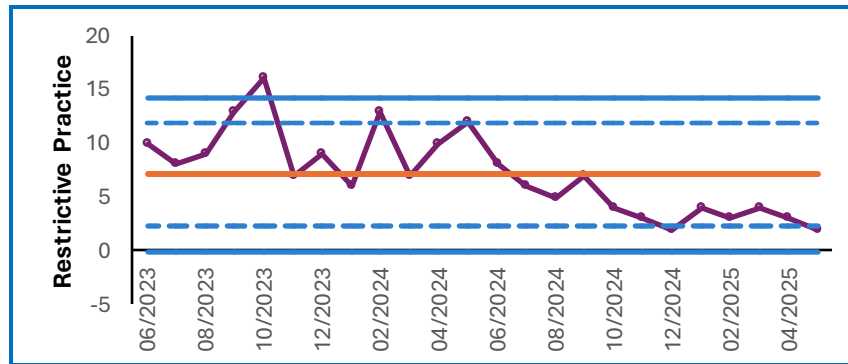
Staff Burnout

Structured Obs

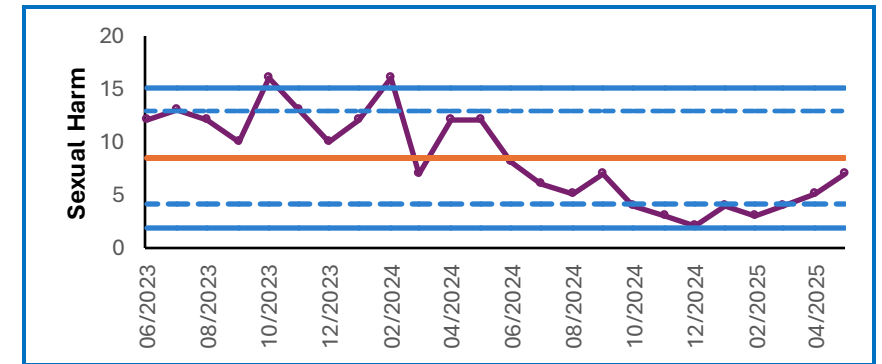
Driver Diagram

PDSA Cycle

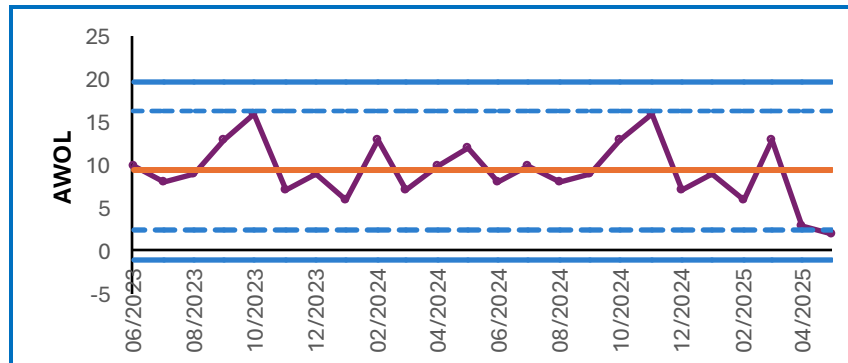
Number of episodes of restrictive practice (RP)



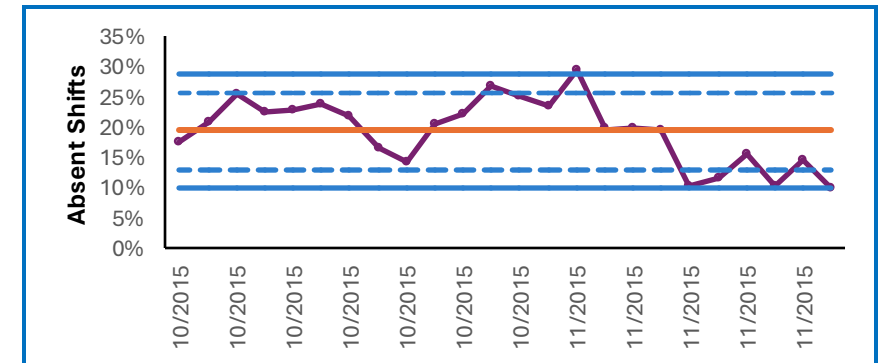
Number of instances of sexual harm (SH)



The number of days since the last incident of AWOL from the ward (AWOL)



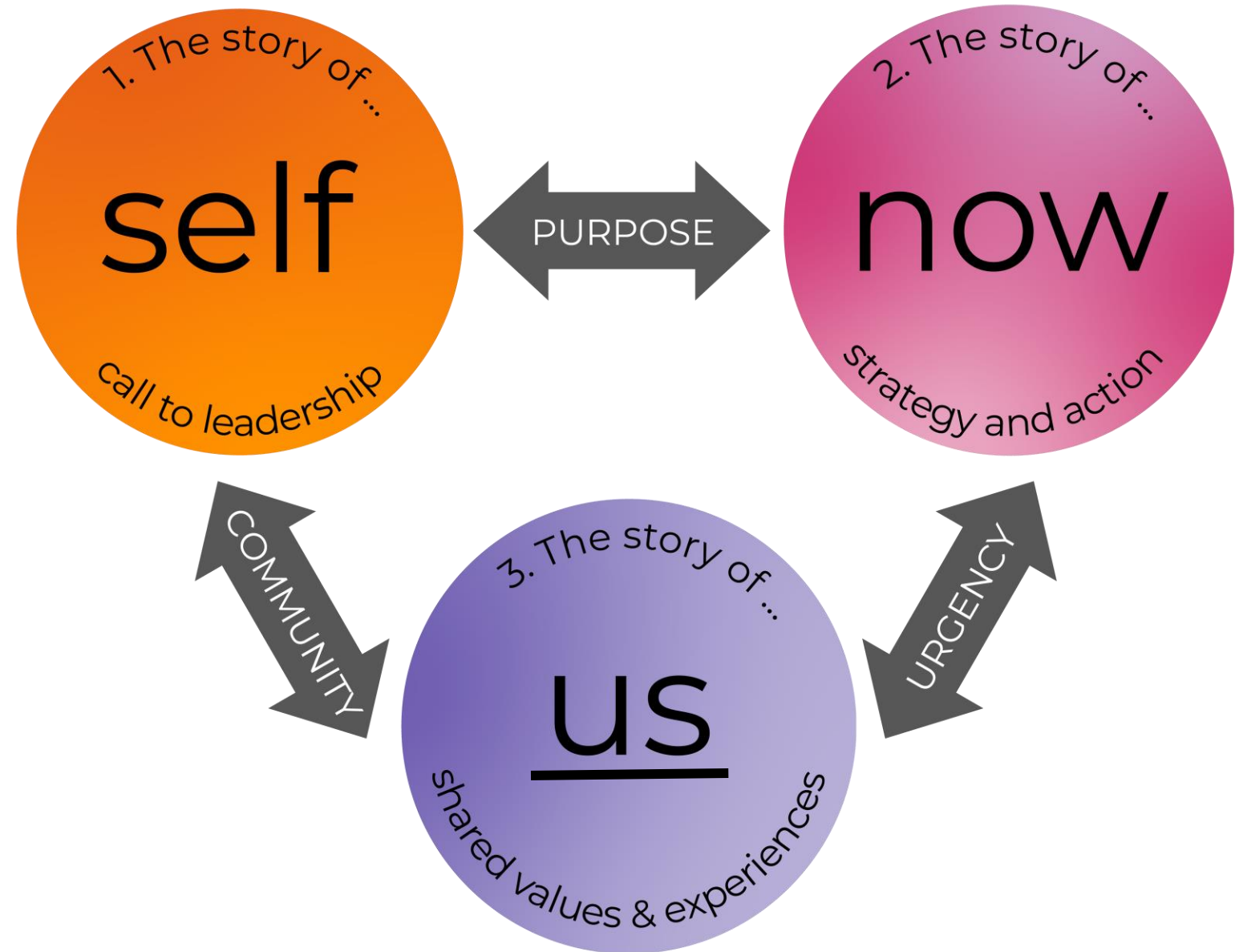
Percentage of shifts filled by bank and agency staff (AS)



Learning Community



Marshall-Ganz Public Narrative



The story of us

Describe your organisation and its core values

What stories can you share that express these values?

What aspirations do you share for your organisation's future?

Please enter 'the story of us' for your organisation on Slido



slido

Compassionate and relational care

Russell Razzaque (he/him)

Clinical Director for the NCCMH and
Presidential Lead for Compassionate and
Relational care at the Royal College of
Psychiatrists



**Culture
of Care**

The importance of therapeutic relationships

Arlene & Gunderson 1990:

“Results showed that patients who were able to form better therapeutic alliances within the first 6 months of treatment achieve better outcomes”

Krupnick et al 1996:

“Therapeutic alliance was found to have a significant effect on clinical outcome for both psychotherapy and pharmacotherapy”

The importance of therapeutic relationships

McCabe & Priebe 2008:

“The therapeutic relationship is a reliable predictor of patient outcome. There is increasing evidence that the therapeutic relationship predicts outcome across various psychiatric settings.”

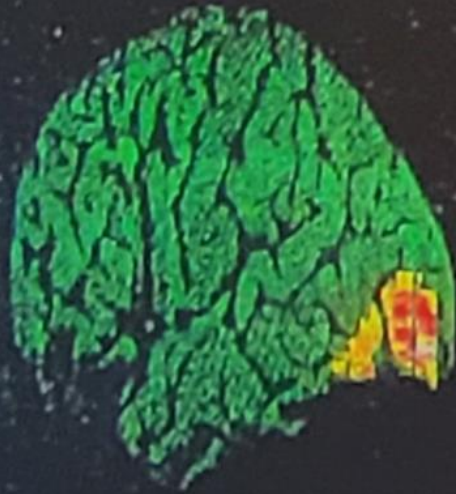
Sweeney et al 2018:

“A body of therapeutic alliance literature suggests that therapeutic relationships between staff and service users create positive outcomes”

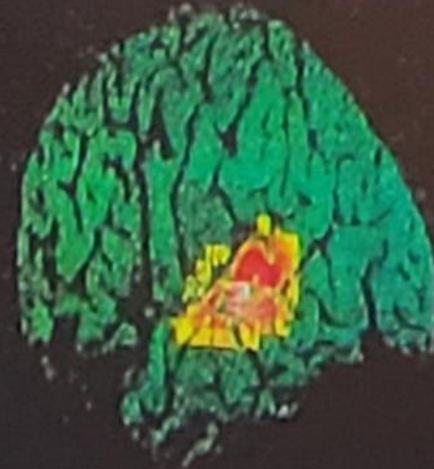
What is a therapeutic relationship?

- Learning to make sure the other person **feels heard** (not just about extracting information!)
- This means **active listening** without an agenda or a template; *I go where you go, you lead and I follow*
- No pre-planned map or pre-determined questions (dictated by record keeping requirements)

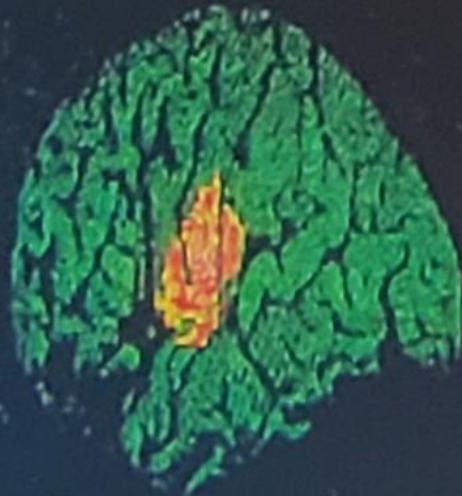
A Looking at words



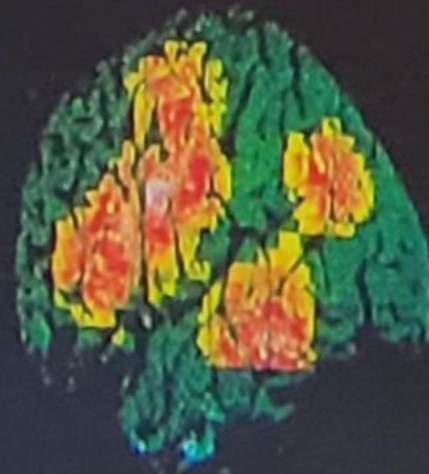
B Listening to words



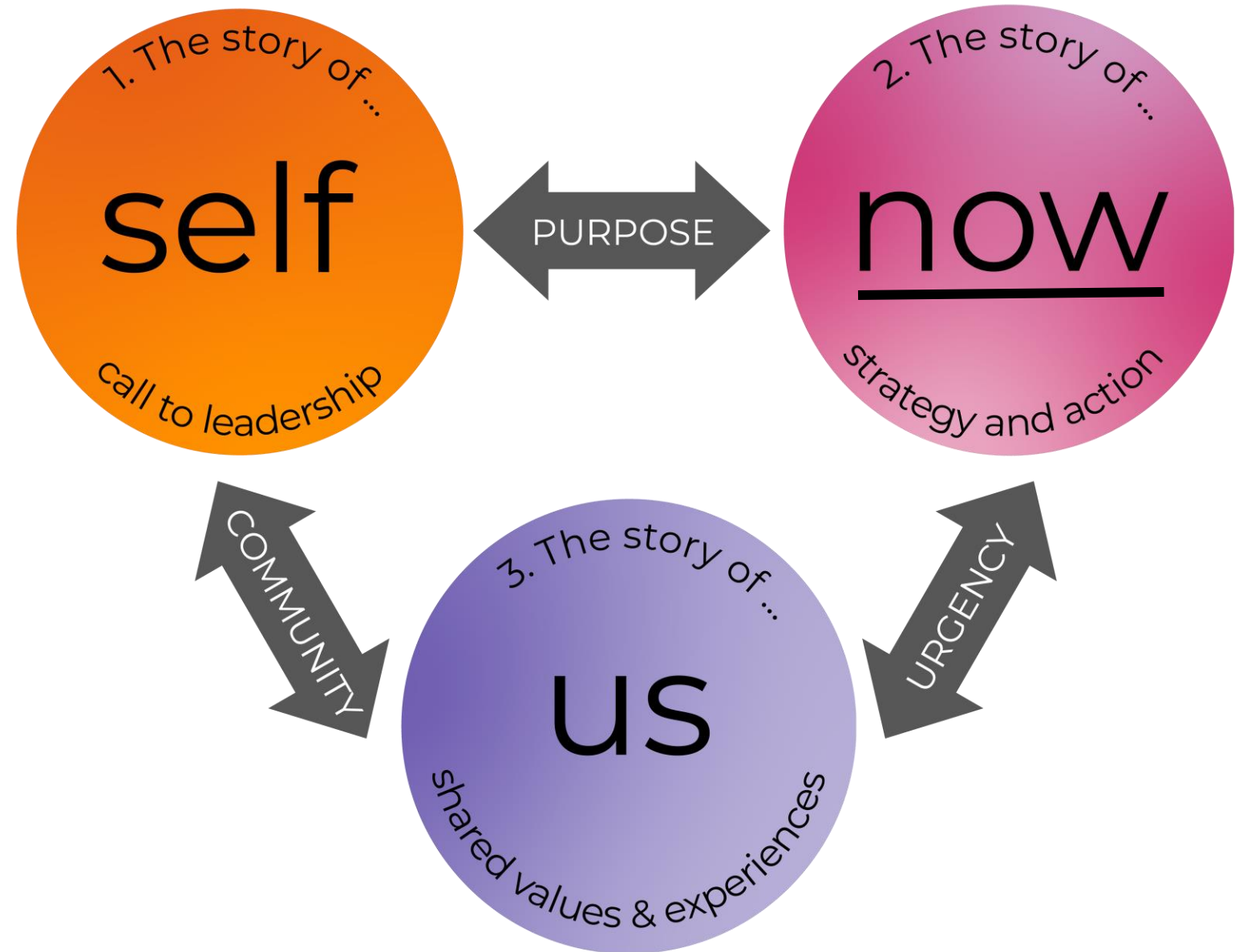
C Speaking words



D Thinking of words



Marshall-Ganz Public Narrative



The story of now

- What choices can you make to put relationships at the heart of your wards, create safer spaces and a more trusting environment for patients and ensure that they genuinely feel heard?
- How can you, as an organisation, act together to achieve this?
- How can you begin now, in this moment?
- **Please enter 'the story of now' for your organisation on Slido**



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Next steps

Emily Cannon (she/her)

Head of Quality Improvement, NCCMH



Next steps

- Forming project teams on your wards
- Your Quality Improvement Coach will be in touch to arrange your first in-person visits
- Your Leadership Coaches will be in touch to arrange an introductory call

Your feedback from today

Please take a few moments to complete our feedback form and tell us about your experience today (9 questions)



slido



Close

Jacqui Dyer (she/her)

Director of Black Thrive Global

