



Culture of Care

Data and Dashboard session

Tom Ayers – Director

NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH



Neurodiverse
Connection

Global
Black
Thrive

NCISH





Agenda

- What are we measuring and why?
- What does it look like for Ward teams and organisations?
- Where does the data go?
- Next steps



Measurement for...

- There are a number of reasons why we measure something in healthcare

Measurement for...

- **Governance** – to understand if the things that should be being done to keep people safe are being done
- **Performance** – to identify whether a system or individual is meeting its targets or KPIs
- **Evaluation** – to understand what the impact of a change that has been implemented
- **Improvement** – to understand the impact of a change while it is happening, and to inform the improvement effort

Measurement for...

- **Governance** – to understand if the things that should be being done to keep people safe are being done
- **Performance** – to identify whether a system or individual is meeting its targets or KPIs
- **Evaluation** – to understand what the impact of a change that has been implemented
- **Improvement** – to understand the impact of a change while it is happening, and to inform the improvement effort

What does measurement for improvement look like?

- It's over time
- The time points are as small as possible
- It's as close to live as possible
- It's fed back to the team in an easily understandable way
- It relates closely to the aim of the improvement work (in our case the Culture of Care commitments)
- It has as little burden on staff teams as possible



Considerations for the type of data collected

- **Process measures** – measuring whether the actions involved in delivering care have changes. Can be useful if there are things you are confident would improve care if they changed (e.g. reduced use of restraint)
- **Outcome measures** – measuring whether the thing you're trying to improve has improved. Can include experience measures
- **Balancing measures** – measuring something to check that your changes haven't had unintended consequences

Where does the data go?

- **It is your data** – to be used for improvement. We will not share it with NHS England or ICBS. You are free to do so if you want.
- **Aggregated data** – We will only share aggregated (whole country) data
- **Direct Access** – Wards and organisations can access the dashboard directly for their own data, and for national aggregated data. Their coaches and our team can also access the data for them

Culture of care data...



Proxy measures

- Episodes of restrictive practice
- Incidents of sexual harm
- Number of days since absence without leave (AWOL)
- Use of bank and agency staff

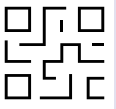


Patient and staff experience

- Patient CARE survey
- Patient experience survey
- Staff survey
- Carer survey (launching soon)

Culture of Care

How was work today?



Staff Survey QR Code

We are from the national Connecting for Health to Digital Health (NHSX). We are leading the delivery of the national Culture of Care programme. We would like you to fill in a questionnaire about the work done by your ward and organisation on the Culture of Care Programme. One of NHSX's England's Culture of Care Dashboard is to support staff so they can be present alongside people in their distress. Your answers will help the world find out what they can improve.

We want you to feel you can be honest in your answers to this questionnaire, so your answers will be anonymous.

Please fill out the Staff Survey by **Friday 26th of October 2024**.

Culture of Care Staff Survey

Culture of Care

Tell us what you think!



Patient CARE Survey QR Code

This ward is taking part in the national Culture of Care programme, which aims to improve the culture of care in England's mental health services in England. We would like you to fill in our questionnaire. Your answers will help the world find out what they can improve.

You are invited to complete the questionnaire above regularly after you have had a consultation or conversation with a member of staff on the ward. Your answers will help the world find out what they can improve. Culture of Care is the national programme to improve the culture of care in England.

We want you to feel you can be honest in your answers to this questionnaire, so your answers will be anonymous.

Culture of Care Patient CARE Survey

Culture of Care

Tell us about your experience on the ward!



Patient Experience Survey QR Code

This ward is taking part in the national Culture of Care programme, which aims to improve the culture of care in England's mental health services in England.

Please fill this questionnaire in just 10-15 minutes, while you are staying on the ward. Please share your answers based on your recent experience while you're here and think about how you feel about your experience and different things you think about. Please score the questions by thinking about your whole stay on this ward.

We want you to feel you can be honest in your answers to this questionnaire, so your answers will be anonymous.

Culture of Care Patient Experience Survey

Patient experience survey (Q1–Q6)

Q1: How often do you feel like you are listened to and understood by staff on the ward?

Q2: How often do staff help you feel safer on the ward? (Including physically, emotionally and relationally)?

Q3: How often do staff on the ward show you care and compassion, and connect with you as a person?

Q4: How often are staff available on the ward to be with you when you need them?

Q5: Do you feel you have ever been treated badly because of your ethnicity, age, disability, sex, gender, sexuality, neurotype or diagnosis?

Q6: Do you feel that your experiences on the ward have caused you any harm (including physical, emotional and relational)?

Patient experience survey continued (Q7-12)

Q7: How often have your needs been met with care and compassion?

Q8: How often are you involved as an equal in the decisions made about your care and treatment?

Q9: Does the ward feel like a place that supports you to get better (including the food, physical spaces and amenities provided)?

Q10: Do you have access to a wide range of things to do on the ward that stop you from being bored?

Q11: How often do you have choices about what care and treatment you are able to get on the ward?

Q12: Do you feel staff are honest with you about your care and treatment, and explain things clearly?

Total patient experience survey responses

Survey count

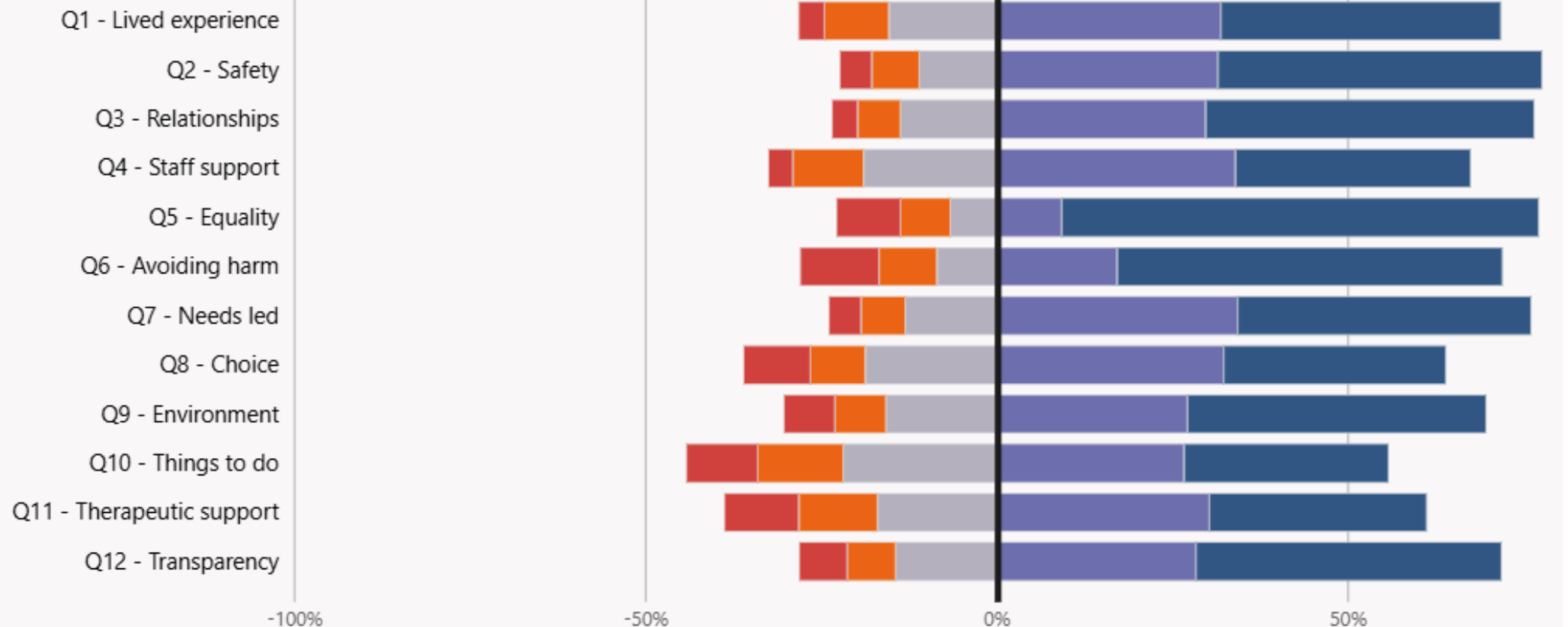
557

Negative and neutral / middle responses

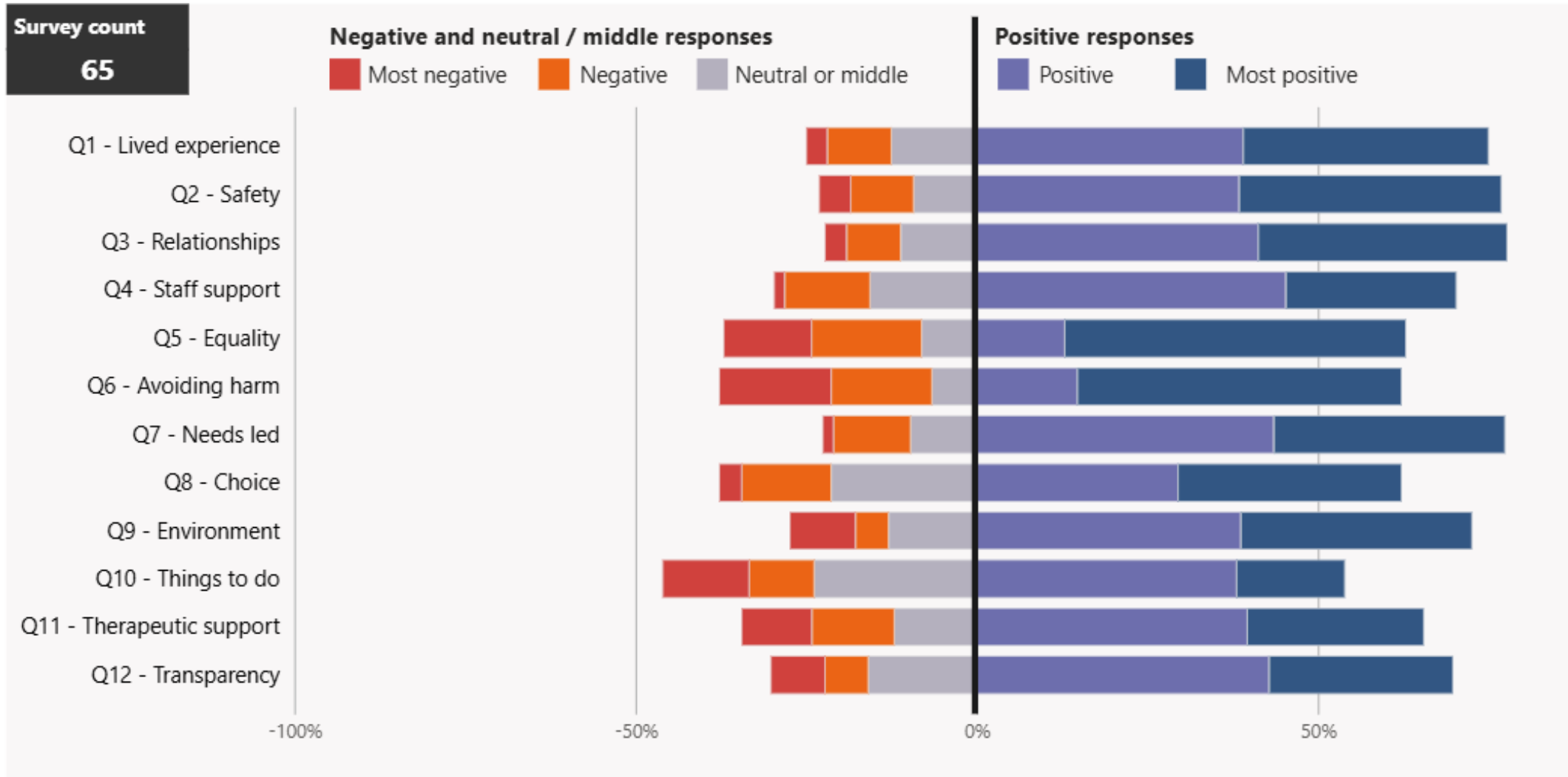
Most negative Negative Neutral or middle

Positive responses

Positive Most positive



Black patient experience survey responses



Autistic patient experience survey responses

Survey count

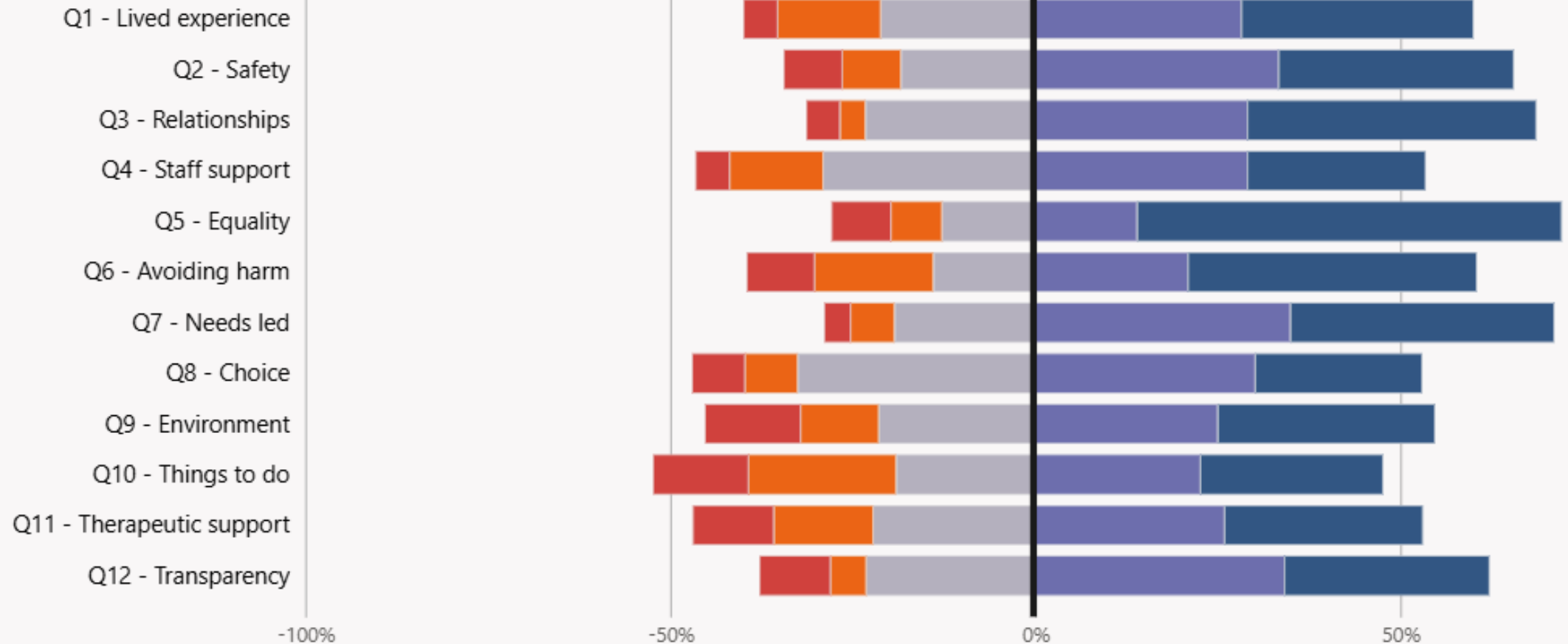
87

Negative and neutral / middle responses

Most negative Negative Neutral or middle

Positive responses

Positive Most positive

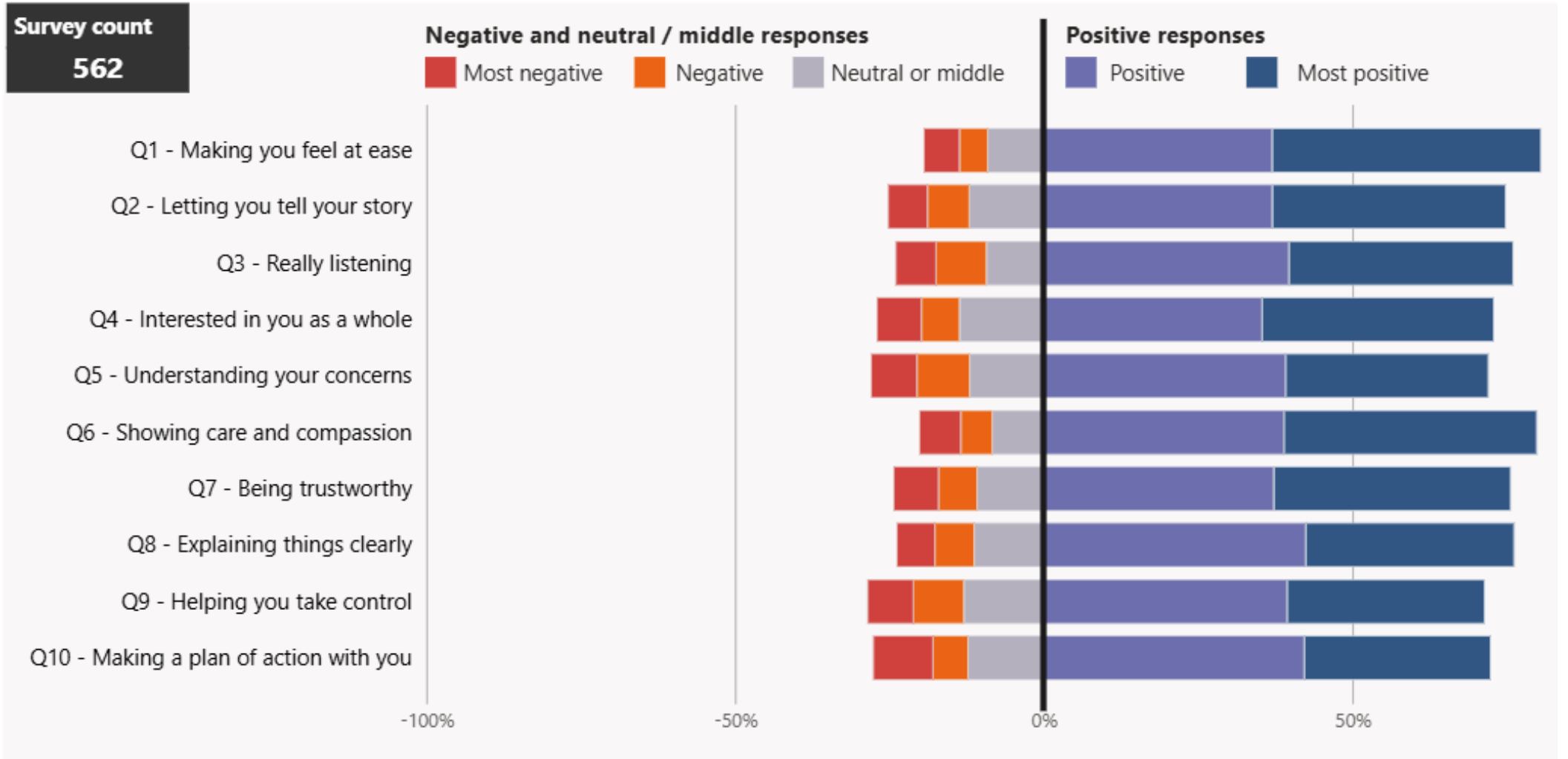


Patient CARE (Consultation and Relational Empathy) survey

How good was your clinician at:

- Q1: Making you feel at ease
- Q2: Letting you tell your "story"
- Q3: Really listening
- Q4: Being interested in you as a whole person
- Q5: Fully understanding your concerns
- Q6: Showing care and compassion
- Q7: Being trustworthy
- Q8: Explaining things clearly
- Q9: Helping you take control
- Q10: Making a plan of action with you

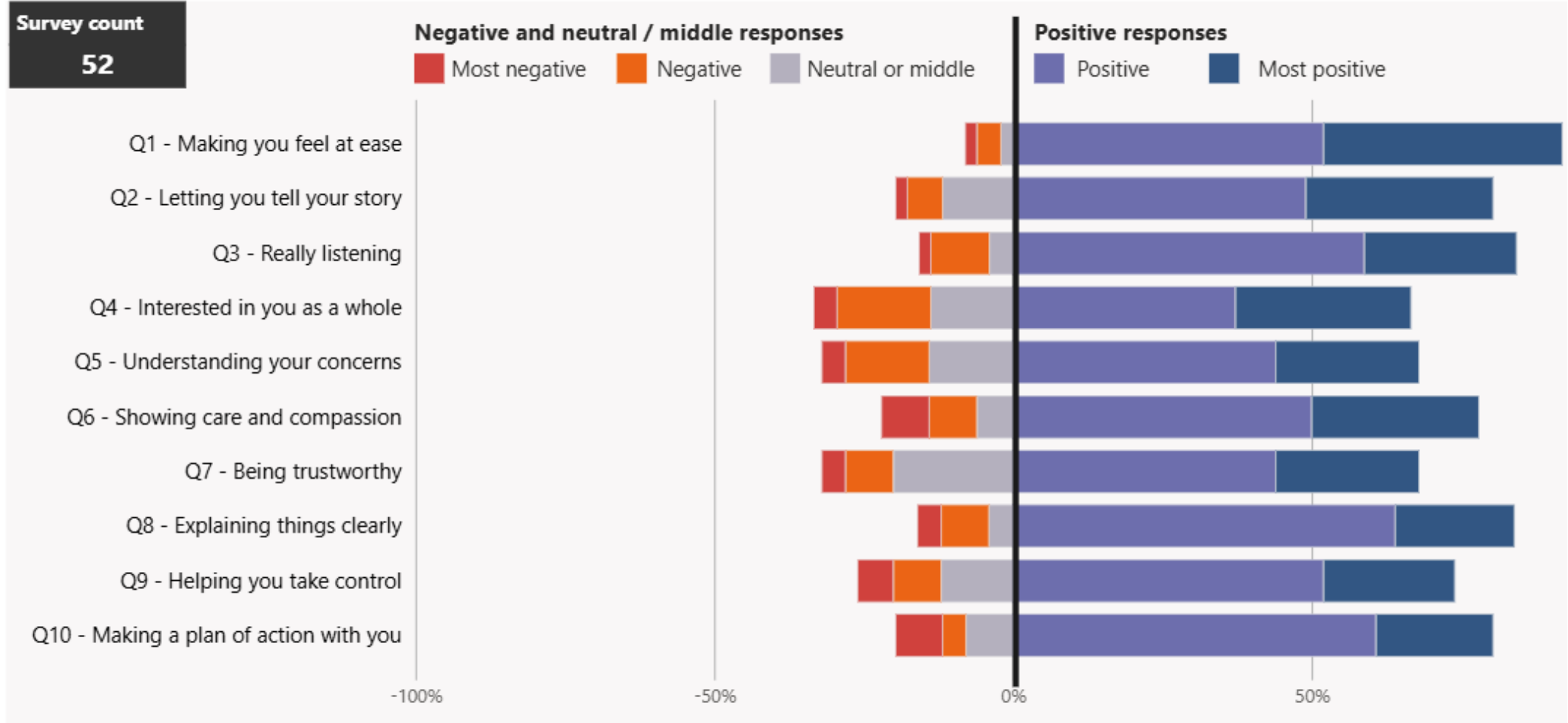
Total patient CARE survey responses



Black patient CARE survey responses

Survey count

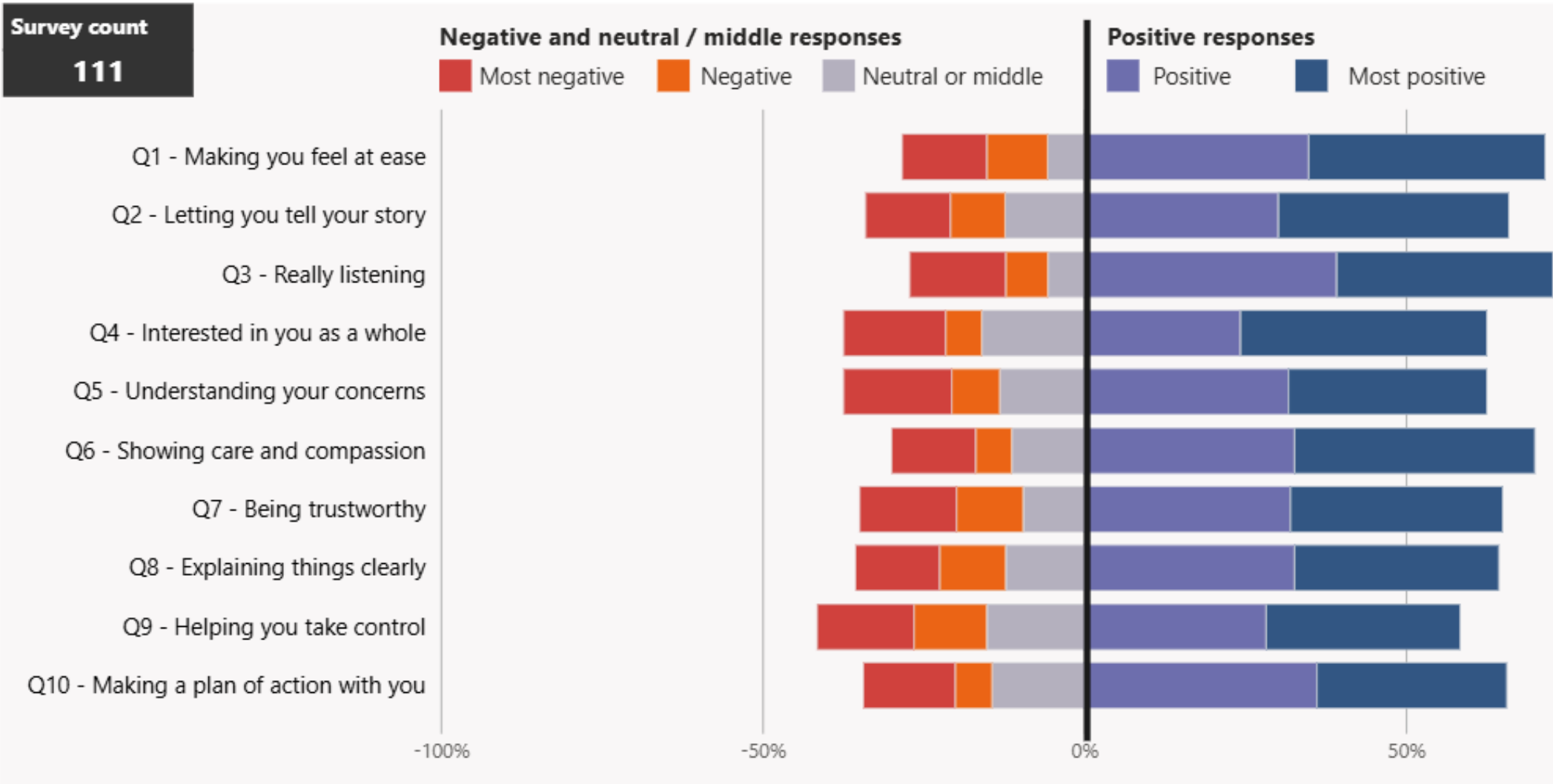
52



Autistic patient CARE survey responses

Survey count

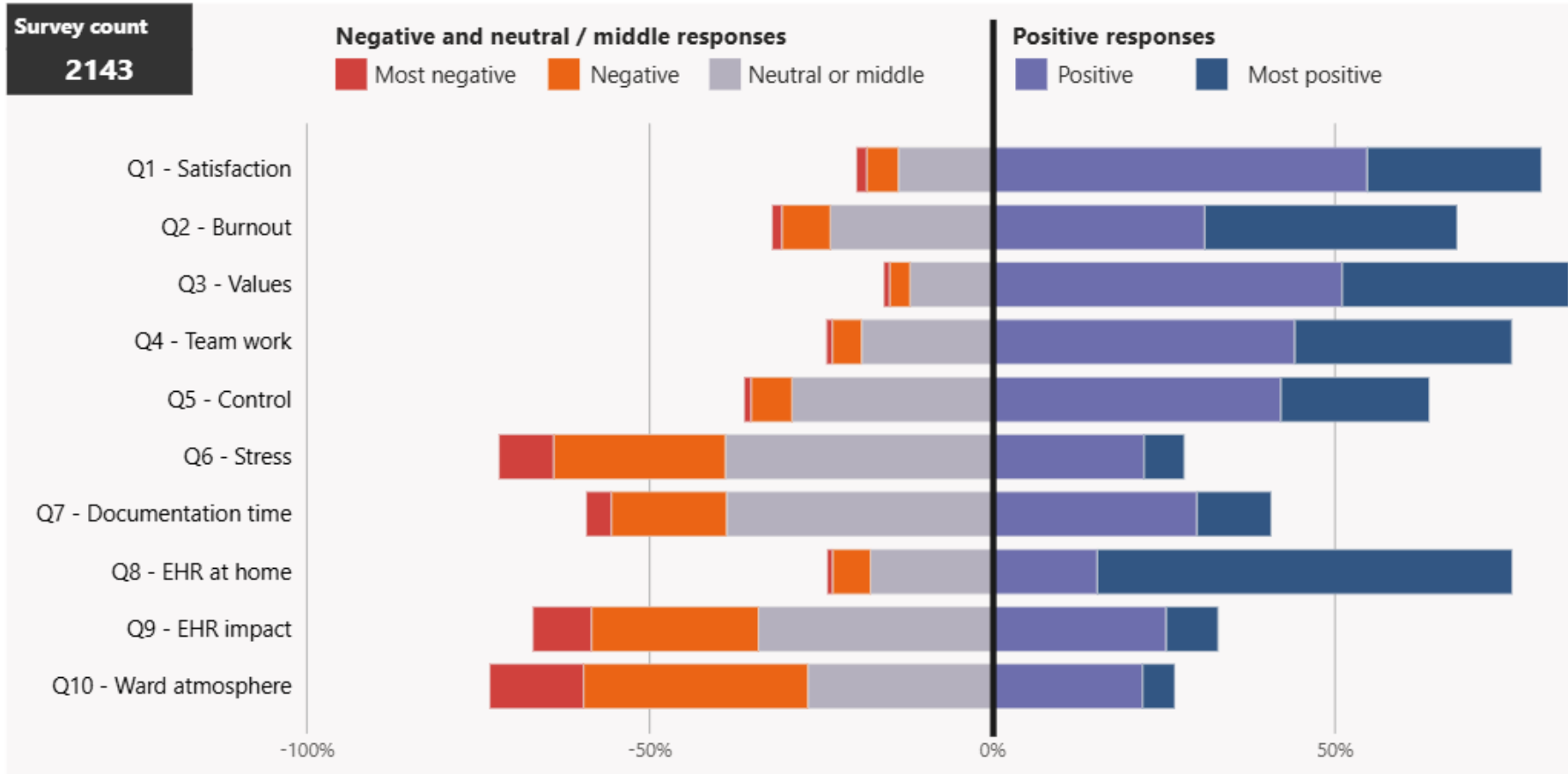
111



Staff burnout survey

1. Overall satisfaction with your job
2. Level of burnout (using your own definition of burnout)
3. How much your values are aligned with your ward leaders
4. How efficiently the ward team works together
5. How much control you have over your workload
6. How much stress you feel because of your job
7. How much time you have for documentation
8. How much time you spend on work at home
9. How frustrating the electronic patient record is
10. How calm or chaotic the atmosphere on your ward is

Total staff survey responses





Statistical Process Control (SPC) Charts

- The anatomy of an SPC chart:
 - A mean
 - Upper and lower control limits (UCL and LCL)
 - Time or a chronological sequence on the x (horizontal) axis
 - The thing you're measuring on the y (vertical) axis
 - As small time points as possible
- The point of an SPC chart:
 - To see if anything unexpected or different is happening to the thing that you're measuring (variation)

Two types of variation we're looking for

COMMON (no signal)

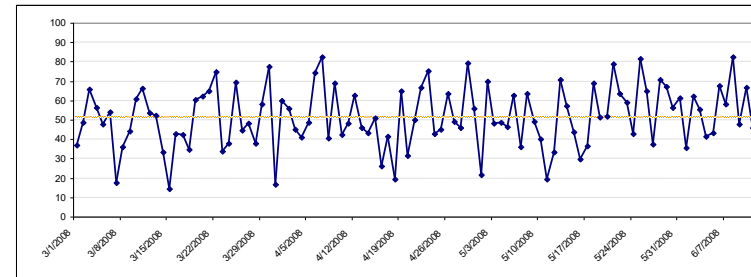


SPECIAL (signal)

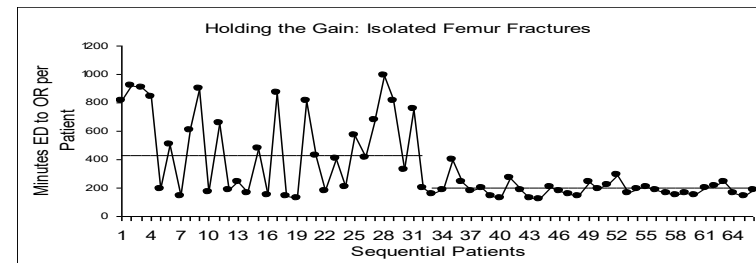


What they look like on a chart

- COMMON



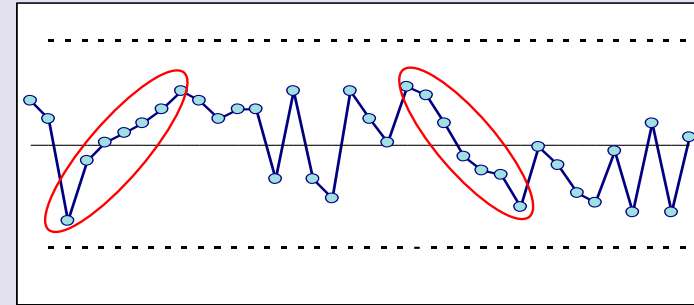
SPECIAL



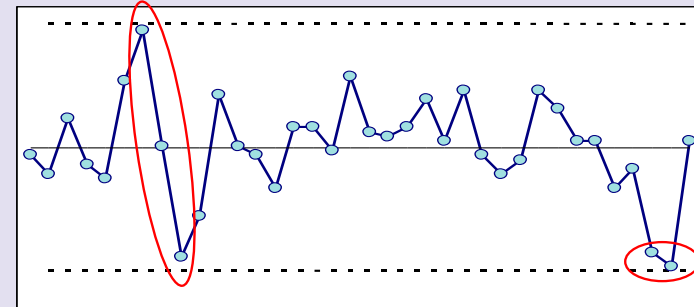
What are we looking for?

5 Rules to spot special cause variation in SPC Charts

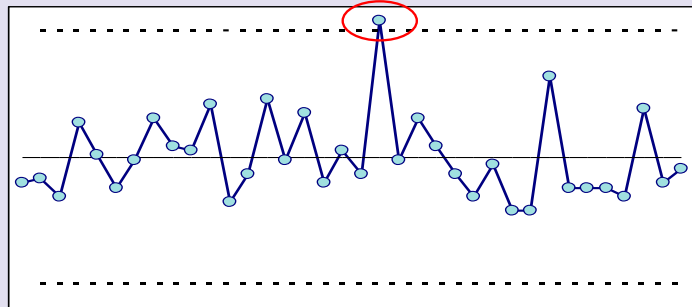
Six consecutive points increasing (trend up) or decreasing (trend down)



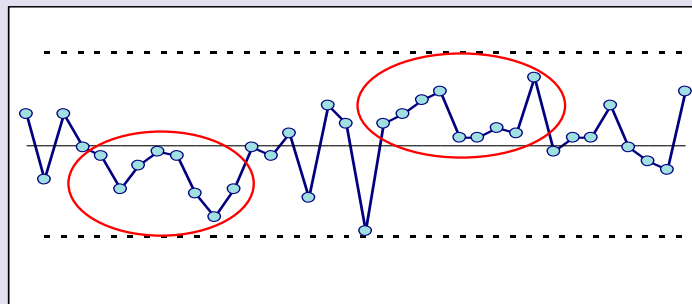
Two out of three consecutive points near a control limit (outer one-third)



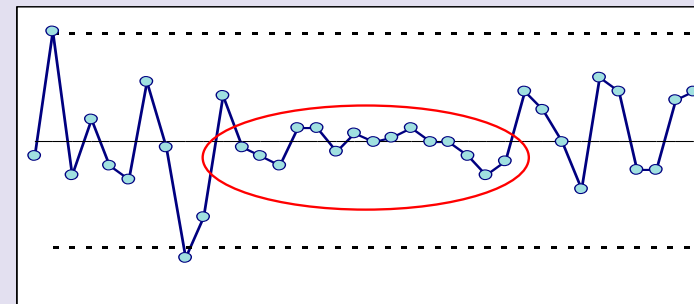
A single point outside the control limits



Eight or more consecutive points above or below the centerline



Fifteen consecutive points close to the centerline (inner one-third)



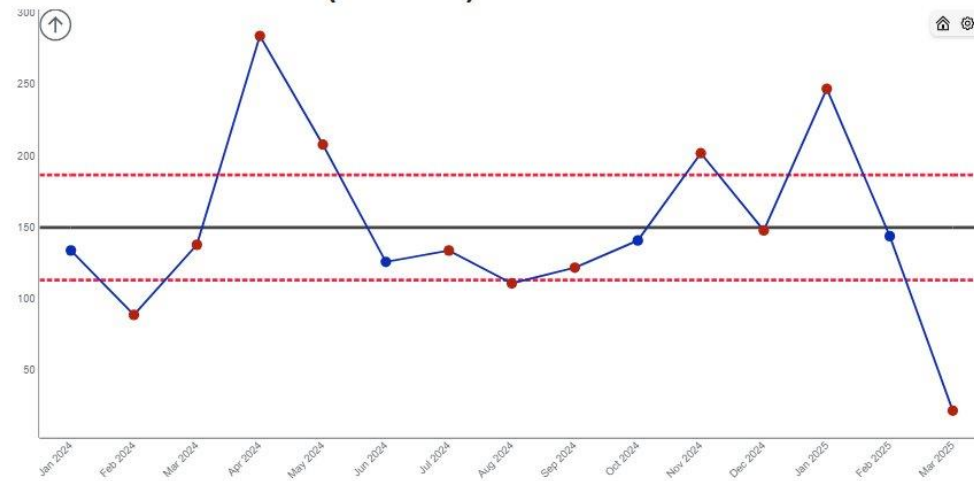
Proxy measures



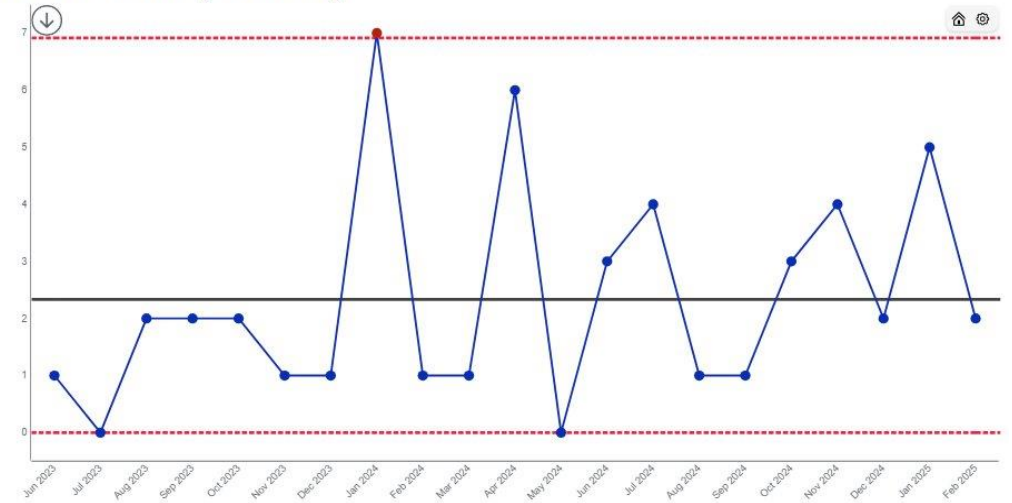
Culture of Care Dashboard: Proxy Measures of Culture

[Overview](#) | [Restrictive practice](#) | [Sexual harm](#) | [AWOL](#) | [Bank and agency](#) | [Info](#)

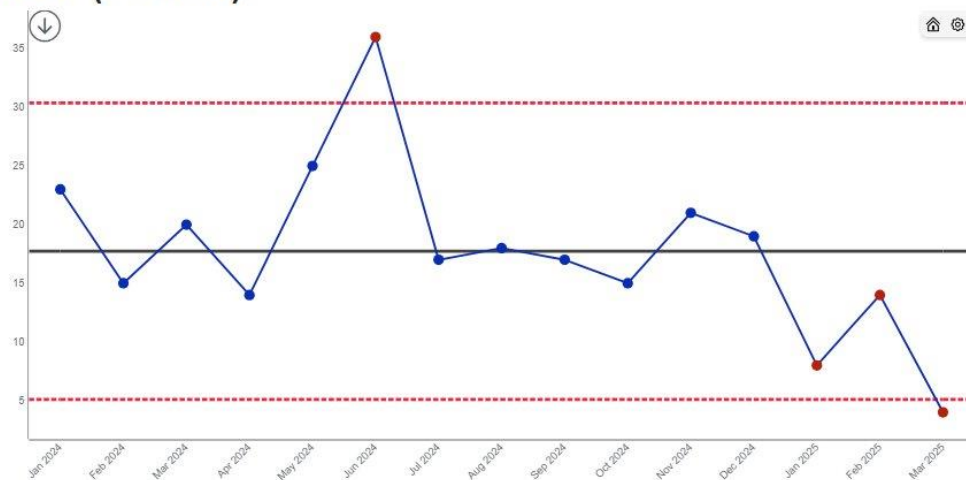
Restrictive Practice (C Chart)



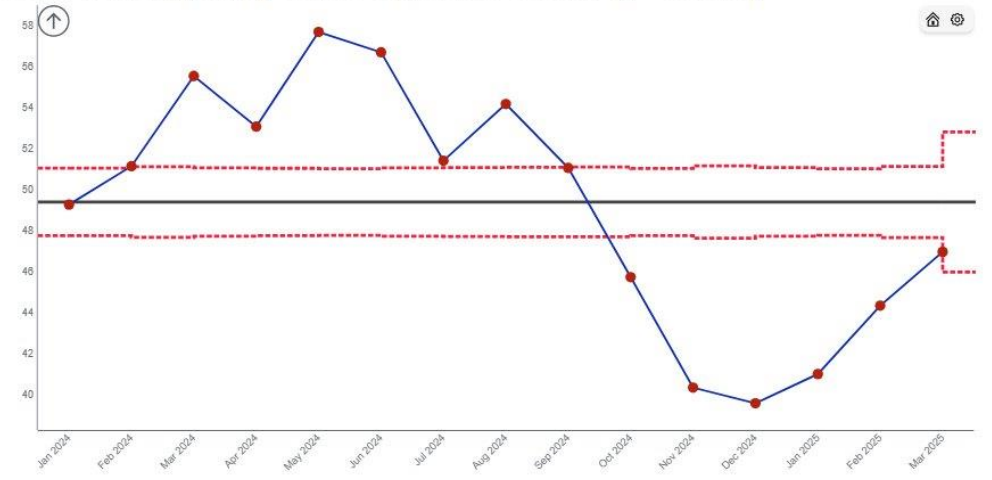
Sexual Harm (C Chart)



AWOL (C Chart)



Bank and Agency ratio against Shifts (P Chart)





Culture of Care Dashboard: Proxy Measures of Culture

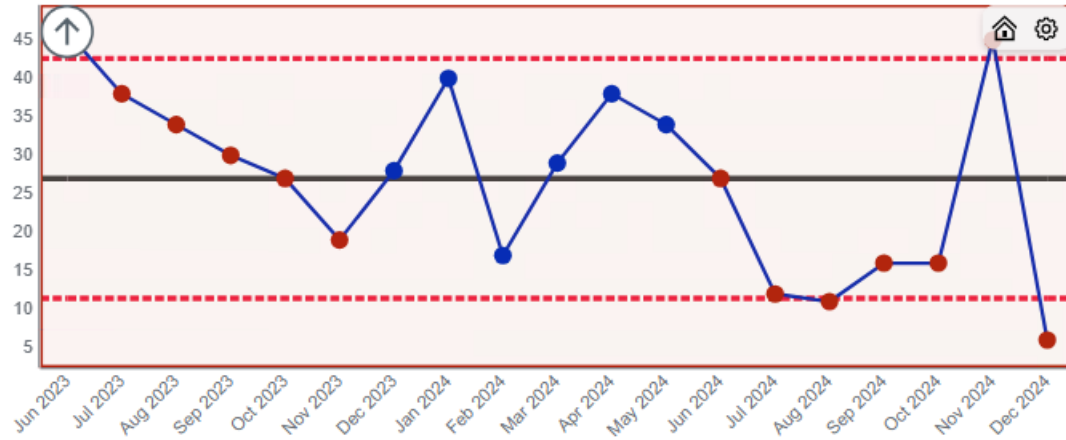
| Overview | Restrictive practice | Sexual harm | AWOL | Bank and agency | Info

| Overview

OrganisationName, WardName

RXM ▼

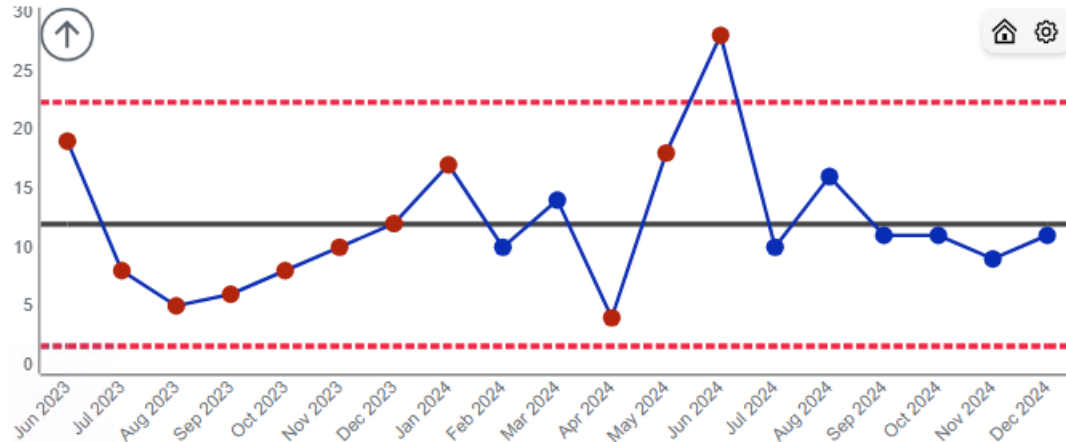
Restrictive Practice (C Chart)



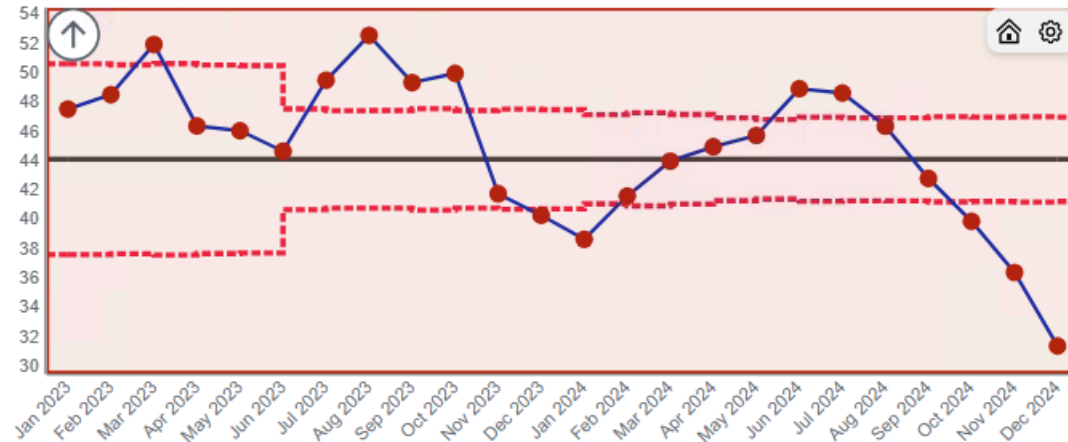
Sexual Harm (C Chart)



AWOL (C Chart, T Chart if rare)



Bank And Agency (P Chart)





Next steps

- Updated Data Sharing Agreements have been sent to all data leads with queries addressed
- Data flow tested with 3 Trusts
- We're ready to accept data
- The sooner you can do this, the better it can influence the improvement work taking place on your wards
- Don't wait for perfection – if you can send data now for any of the proxy measures, please do!