



Culture of Care

National Learning Session 1

Tuesday 16 July, 10am – 12pm

NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH



Neurodiverse
Connection

Global
Black
Thrive

NCISH





Welcome and housekeeping

Tom Ayers

Director

*National Collaborating Centre for Mental Health
(NCCMH)*

Schedule of Events

TIME	Event
10:00 – 10:10	Welcome & Housekeeping
10:10 – 10:20	Culture of Care Standards
10:20 – 11:05	Exploring the Culture of Care Standards (Breakout Sessions x 3)
11:05 – 11:15	Break
11:15 – 11:20	Welcome back
11:20 – 11:45	Learning Networks Discussion Space (Breakout Session per Learning Network)
11:45 – 12:00	Practicalities & Next Steps
12:00	Close

Shared principles



Listen with respect and openness

We value learning from all people and remain open to finding new ways of doing things.



Confidentiality

People may share something they wish to be kept confidential. We require your agreement not to share any of the content of this meeting without permission.

Shared principles (II)



Disagree with the point, not the person

We seek to resolve conflicts and tensions, using a constructive approach.



Use plain English

We seek first to understand, then to be understood. Where possible we avoid using jargon, and if we need to use acronyms, we define them.

Shared principles (III)



Collaborate

We base our decision-making on consensus agreement. Everyone's input is valued equally.



Contribute

We actively share ideas, ask questions and contribute to discussions. We can also choose not to participate if we are unable to or uncomfortable with doing so.



Respect Timing

Recording

We will be recording the main session for this event(not breakout rooms) and posting it to the Culture of Care programme webpage.

If there is anything that you would not like to appear on the webpage, please let us know by emailing cultureofcare@rcpsych.ac.uk.



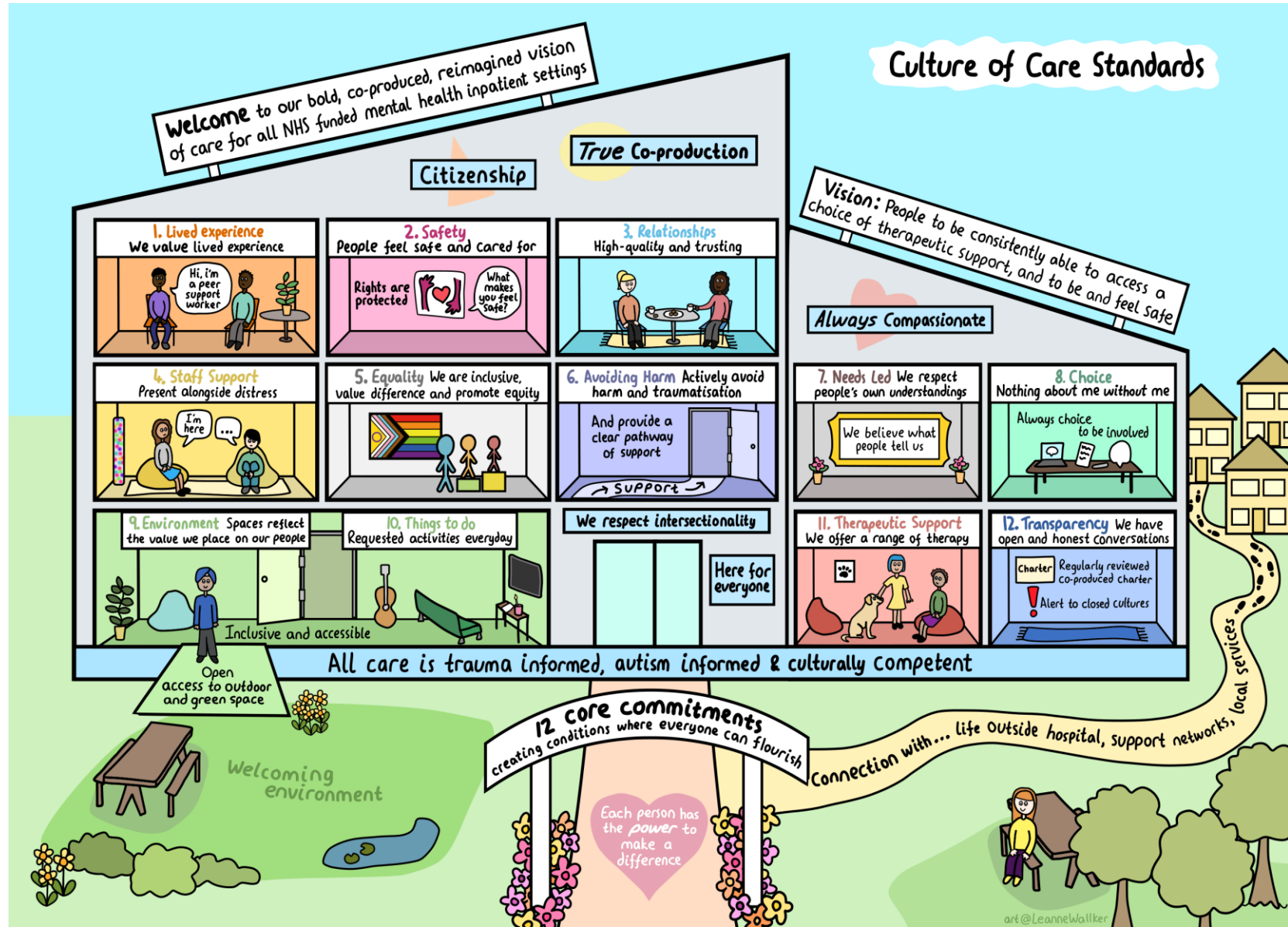
Culture of care standards

Sal Smith

Head of Lived Experience and Coproduction
NCCMH

Culture of Care Standards

Illustration by Leanne Walker



Exploring the standards

In breakout rooms, all attendees will have an opportunity to explore and think about the barriers and enablers for individuals, wards and organisations to bring the standards to life.

Opportunities to participate will include speaking, using the chat function, and using Jamboard (link will be shared in the chat).

This activity is divided into three, 15-minute sessions.

- Session 1: 10:20 – 10:35
- Session 2: 10:35 – 10:50
- Session 3: 10:50 – 11:05

There will be 12 breakout rooms, one for each standard, each facilitated by a member of the Culture of Care delivery team.

For each 15-minute session, attendees can select which breakout room they attend based on which standard they would like to think about.

At the end of the first 15 minutes everyone will return to the main room and be invited to select another breakout room. The same will happen again for the third session.

Guiding questions for breakouts

Enablers

1. What do I as an individual do to help bring the standards to life?
2. What do wards do to help bring the standards to life?
3. What do organisations do to help bring the standards to life?

Barriers

4. What do I as an individual do that gets in the way of the standards?
5. What do wards do that gets in the way of the standards?
6. What do organisations do that gets in the way of the standards?



Break

11:05 – 11:15



Learning network breakouts

Matt Milarski (he/him)

Head of Quality Improvement

NCCMH

Breakouts

Attendees will be invited to join a breakout group according to the learning network you are part of.

Each breakout will be facilitated by a member of the Culture of Care delivery team who will be working with your learning network.

The breakouts will provide an opportunity to build/develop relationships with the other organisations in your network, and to share and reflect on any work you have done so far that may relate to the standards that you are proud of.

Opportunities to participate will include speaking, using the chat function, and using Jamboard (link will be shared in the chat).

Breakouts will last 25 minutes at which point attendees will be returned to the main room for next steps and close of the event.

Network 1

- Avon and Wiltshire Mental Health Partnership Trust
- Cornwall Partnership NHS Trust
- Devon Partnership NHS Trust
- Dorset Healthcare
- Livewell Southwest
- Somerset Foundation Trust

Network 2

- Berkshire Healthcare NHS Foundation Trust
- Oxford Health NHS Foundation Trust
- Cambridgeshire and Peterborough NHS Foundation Trust
- Essex Partnership University Trust
- Norfolk and Suffolk NHS Foundation Trust

Network 3

- Birmingham and Solihull
- Birmingham Women's and Children's NHS Trust
- Black Country Healthcare NHS Foundation Trust
- Coventry and Warwickshire Partnership Trust
- Herefordshire & Worcestershire Health & Care Trust
- Midlands Partnership Foundation Trust
- North Staffordshire Combined Health Care

Network 4

- Bradford District Care NHS Foundation Trust
- Humber Teaching NHS Foundation Trust
- Leeds & York Partnership NHS Foundation Trust
- South West Yorkshire Partnership NHS Foundation Trust
- Tees Esk and Wear Valley NHS Foundation Trust
- The Priory

Network 5

- Derbyshire Healthcare NHS Foundation Trust
- Leicestershire Partnership NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- Northamptonshire Healthcare NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- St Andrews Healthcare

Network 6

- Bramley Health
- Elysium Healthcare
- Gloucestershire Health & Care NHS Foundation Trust
- Isle of Wight NHS Trust
- Solent NHS Trust
- Southern Health

Network 7

- Navigo Health and Social Care
- Northumbria Healthcare NHS Foundation Trust
- Pennine Care NHS Foundation Trust
- Rotherham Doncaster and South Humber NHS Foundation Trust
- Sheffield Health and Social Care NHS Trust

Network 8

- Central and North West London NHS Foundation Trust
- East London NHS Foundation Trust
- Hertfordshire Partnership University NHS Foundation Trust
- North East London NHS Foundation Trust
- North London Mental Health NHS Partnership
- West London NHS Trust

Network 9

- Kent and Medway NHS and Social Care Partnership Trust
- Oxleas NHS Foundation Trust
- South London and Maudsley NHS Foundation Trust
- South West London & St Georges Mental Health Trust
- Surrey and Borders Partnership NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust

Network 10

- Cheshire & Wirral Partnership NHS Foundation Trust
- Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
- Cygnet Health Care
- Gateshead Health NHS Foundation Trust
- Greater Manchester Mental Health Foundation Trust
- Lancashire and South Cumbria NHS Foundation Trust
- Merseycare NHS Foundation Trust



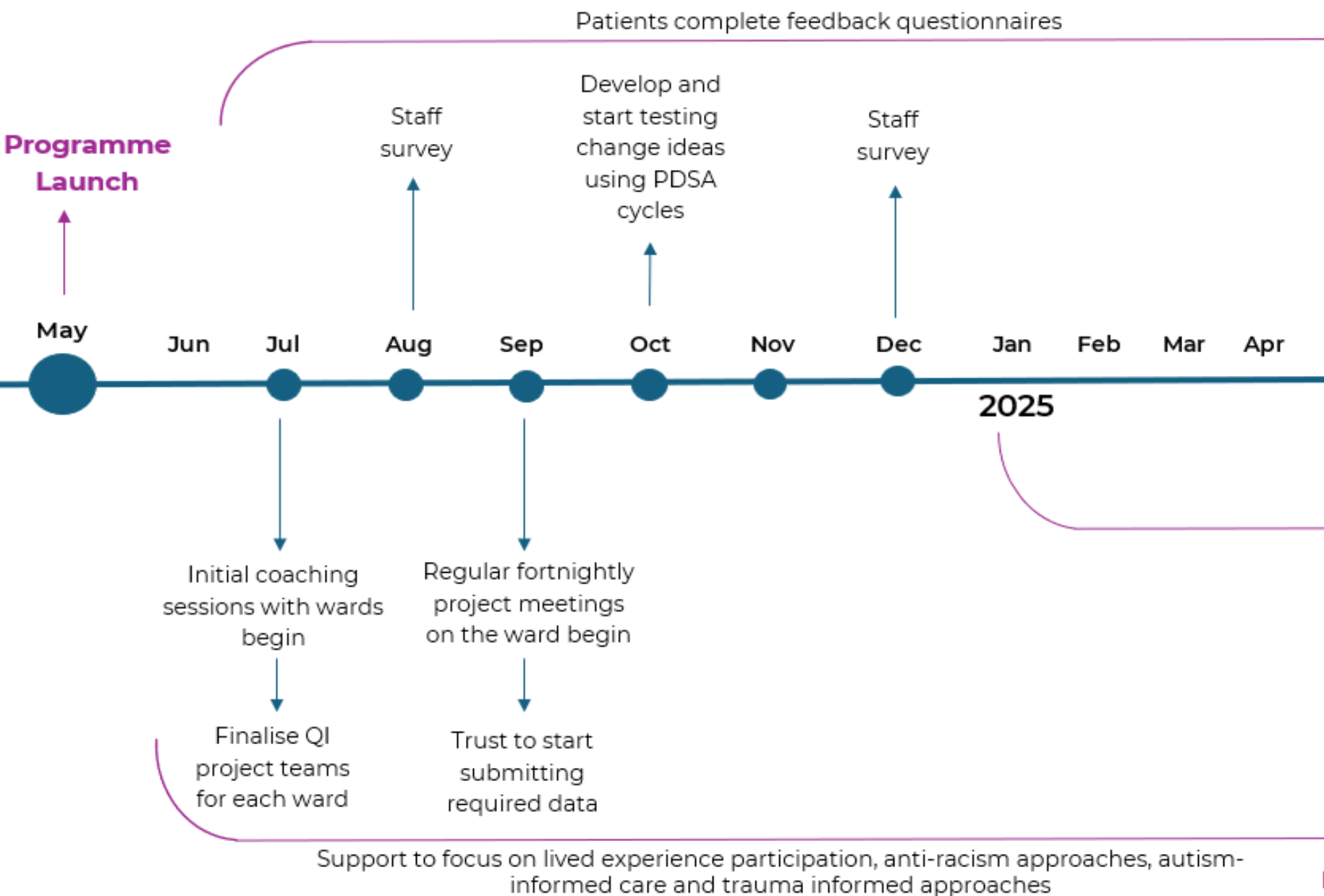
Practicalities & next steps

Tom Ayers

Director

NCCMH

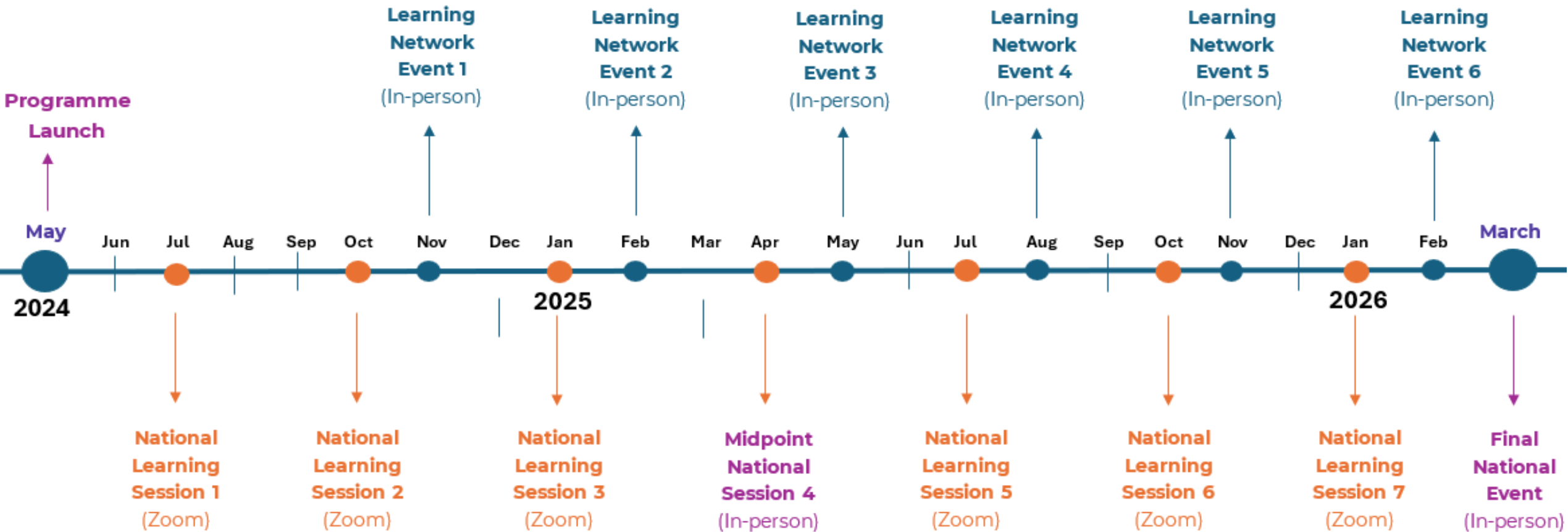
Culture of Care Programme – Milestones for the ward



- ### General & second half of the programme
- Continue to test change ideas
 - Continue to collect patient and staff questionnaires
 - Review data and impact of changes
 - Develop lived experience leadership on the wards
 - Focus on anti-racism approaches, autism informed care and trauma informed approaches
 - Share and learn from others at events (see events schedule)
 - Support with the sustainability of implemented changes
 - Support with spreading your learning across your Trust

Please see the events timetable below ↓

Culture of Care Programme – Learning events timeline



[Explanation of events:](#)

Learning Network Event = 3 hours (quarterly) – **Objective:** An in-person space to provide teaching; share learning, reflections, challenges and successes from each of the four elements of the programme; and to build relationships within the learning network. There will be a focus on supporting the wards to do their work and meeting the milestones of the programme. Each event will include a focus on co-production and equity.

National Learning Session = 4 hours (quarterly) – **Objective:** A space to share your work nationally, learn from one another, build relationships across all learning networks; and continue to work towards the principles of equity and co-production.

In addition to national learning events, we will also hold **quarterly online workshops** where there will be space for discussion and focus on particular topics to support everyone's Culture of Care work.

Measurement Plan

Patient measures

Collected using a QR code wherever possible

After every session

- 10 question Care measure

Once per admission

- 12 question Culture of Care measure

Staff measure

Collected using a QR code

Once a quarter

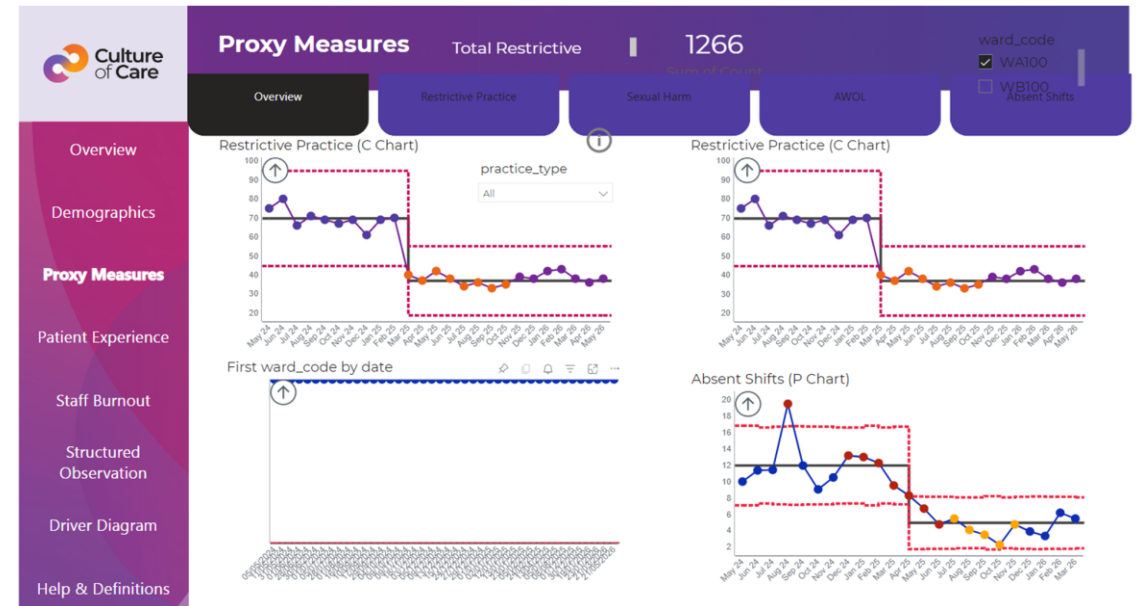
- Mini-Z Burnout measure

Proxy measures

Collected from existing systems

Monthly

- The number of incidents of:
 - o Restrictive practice (restraint, seclusion and rapid tranquilisation)
 - o Sexual harm
- The number of days since the last incident of absent without leave (AWOL)
- The percentage of shifts filled by bank and agency staff



Thank you for joining!



Feedback on today's event

Scan the QR code to complete our short feedback form.

You will also find this link in the chat:
<https://forms.office.com/e/G9dZvVrdhs>

1. Lived Experience

- All patients are supported to have a voice in their care
- All patients' experiences are systematically measured, valued and used to improve care
- Paid peer workforce at all levels are an integral part of the multidisciplinary team (MDT)
- Lived experience leadership roles are at all levels of the organisation
- Lived experience representative of the service type and local community is embedded in service design, quality improvement, governance and oversight
- Infrastructure is in place to support people with lived experience in these roles, and designed by people with lived experience





Reflecting on Lived Experience

What helps?

1. What do I (individual staff) do to help bring this standard to life?
2. What do wards do to help bring this standard to life?
3. What do organisations do to help bring this standard to life?

What gets in the way?

4. 4. What do I (individual staff) do that gets in the way of this standard?
5. 5. What do wards do that gets in the way of this standard?
6. 6. What do organisations do that gets in the way of this standard?

2. Safety

- All people (patients, staff and visitors) feel safe on the ward
- We respect and protect people's civil and human rights
- Staff prioritise building therapeutic relationships to support patient safety
- People always receive a compassionate response when they feel unsafe
- The approach to safety is relational
- People's mental health and physical health needs are understood and met





Reflecting on Safety

What helps?

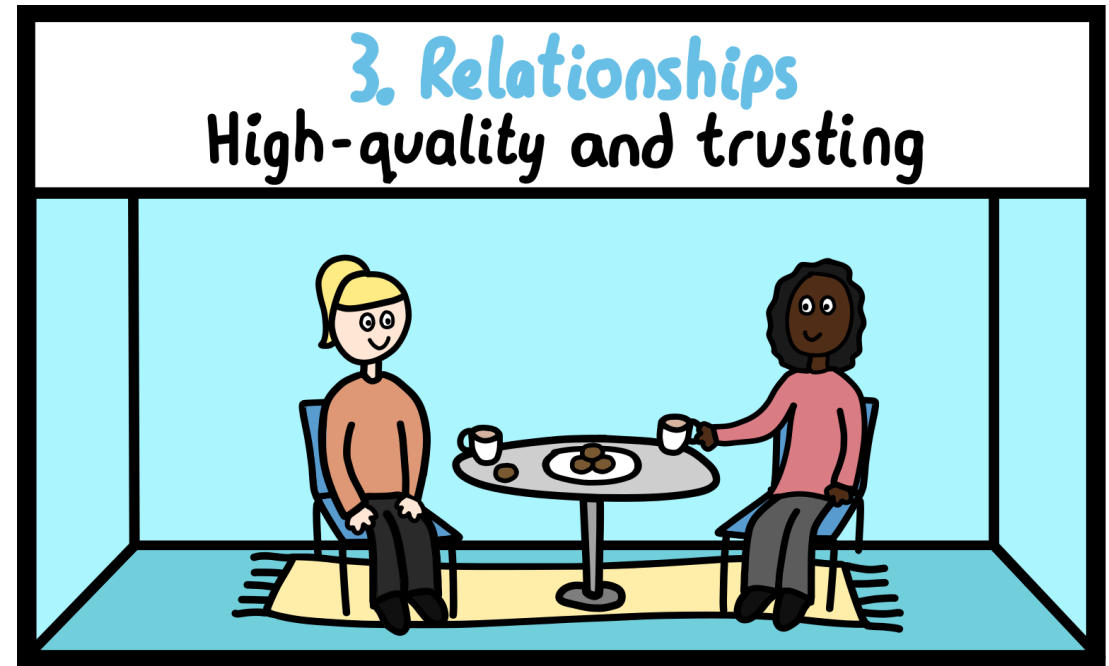
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3. Relationships

- Staff take the time to get to know the people on their wards and build a trusting relationship with them
- Staff are competent in building relationships with different people and responding compassionately to extreme states of distress
- Staff understand and respond to different individuals' needs, for example with reasonable adjustments
- The ward builds and maintains consistent relationships with people's chosen [support network](#)
- People and families feel care is culturally competent and meets people's diverse needs
- The organisation supports staff to protect and prioritise the therapeutic relationship
- The organisation supports the development of healthy team dynamics that positively impact on patient care and patient experience





Reflecting on Relationships

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4. Staff support

- Staff have the practical and emotional support they need to remain compassionate, understanding and emotionally available. This is evident at every level of the organisation and underpinned by HR policies
- Ward leaders have the skills and training to foster a compassionate culture on the ward
- Freedom to speak up systems are in place for staff to raise concerns and be heard
- Staff experience is systematically measured and used to improve care
- Reflective practice is mandatory for all staff providing care on the ward, regardless of role
- We have enough skilled staff on the ward to deliver safe and therapeutic care
- Staff know spending time with patients is a measurable priority, and that administrative tasks are never prioritised over providing compassionate care





Reflecting on Staff support

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5. Equity

- The organisation understands its local population and takes action where certain groups are over- or under-represented in services. And where outcomes for particular groups are poor, we take steps to mitigate these and share learning
- Patient experience and outcome measures are captured and analysed by protected characteristics (including for levels of restrictive practice)
- The organisation fosters connections with local community services, VCSE providers and other statutory organisations to take a collaborative approach in identifying and addressing health inequalities across the whole care pathway



5. Equity

- The organisation uses tools such as the [Patient Carer Race Equality Framework \(PCREF\)](#) and [Advancing Mental Health Equality \(AMHE\) Framework](#) to eliminate disparities in access, experience and outcomes
- The organisation ensures it meets Equality Act (2010) duties to people with a learning disability or who are autistic, and that their wider human rights are respected and protected
- Mandatory ongoing training for staff covers inequality and there is regular reflective space (see also [Staff support](#)) to discuss equity, intersectionality and impact of own identity
- The organisation's workforce and leadership is diverse and inclusive, and reflects the diversity of the community it serves. Leaders take action to address any workforce inequality





Reflecting on Equity

What helps?

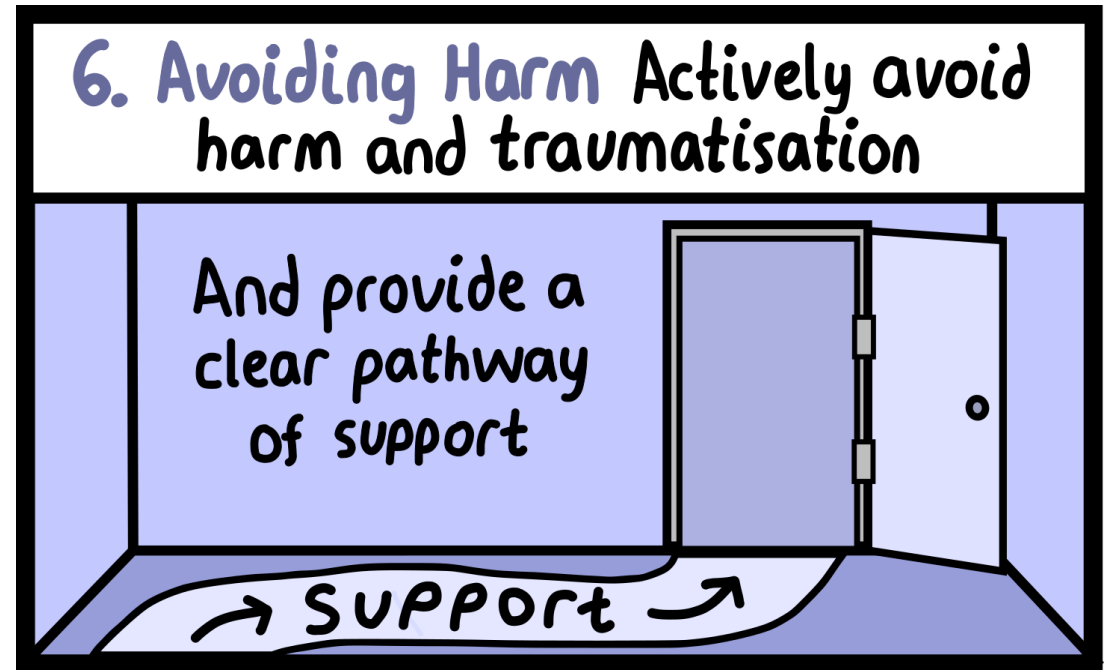
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6. Avoiding harm

- We acknowledge and avoid the harm and traumatisation that can occur when people are in hospital.
- There is a clear pathway of support for patients who have experienced abuse/harm, including access to advocacy
- We understand that restraint and coercion is harmful and we only use it as a last resort; that includes the use of blanket restrictions
- We do not use mechanical restraint
- Our inpatient services meet the needs of trauma survivors in crisis
- We are [trans](#)*-accessible and inclusive





Reflecting on Avoiding harm

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7. Needs led

- We are needs-led, not diagnostically driven
- People are supported and encouraged to define their needs
- The MDT respects people's individual understanding of their distress
- We validate patients' feelings, and respect their culture, values and beliefs
- We take a capabilities approach and recognise that everyone has something to offer
- We meet the needs of people's chosen support network
- Patients' needs and wishes are listened to in the admission and discharge process





Reflecting on Needs led

What helps?

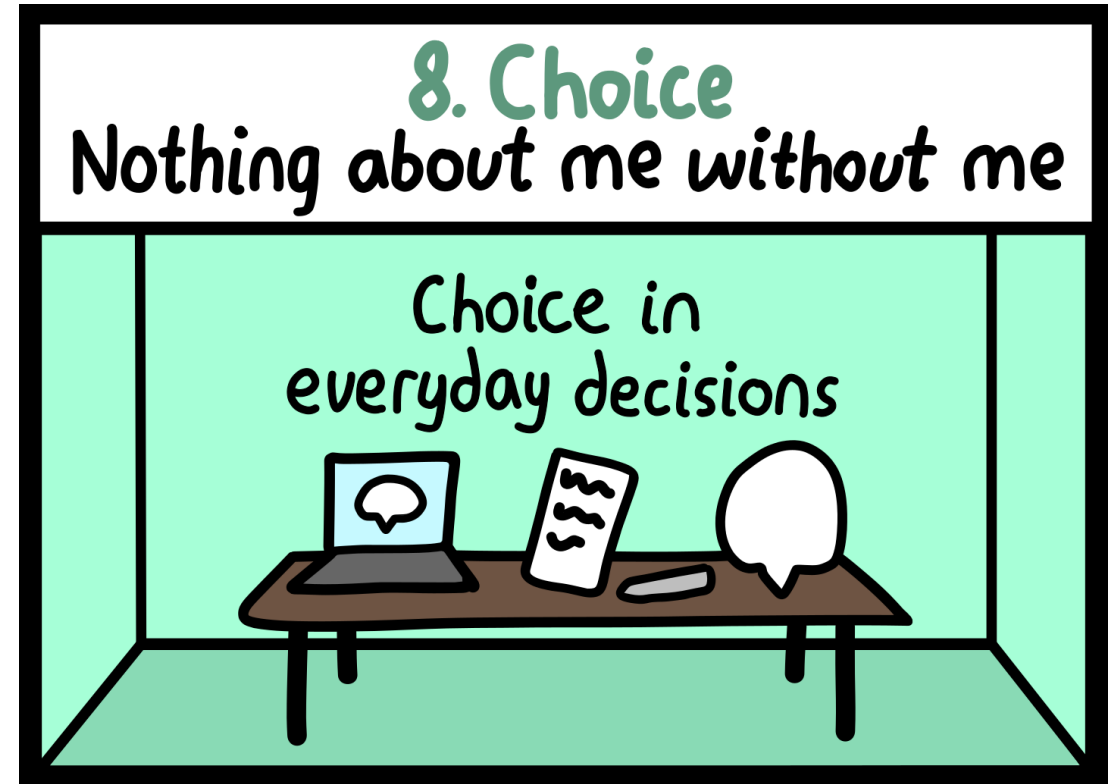
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8. Choice

- Patients always have the choice to be present at meetings about them
- We adhere to the evidence-based approach of [Open Dialogue](#) and its key principles
- Patients are supported to be involved in the decisions about them
- Patients have choice in everyday decisions
- Patients have the choice to collaborate in the writing of their notes and/or have access to their notes so that they know what has been recorded about them at any point during their inpatient stay
- Patients have informed choice over their preferred treatment and who is involved in their care
- Where legislation overrides personal choice, this is explained in a clear and transparent way
- Patients have the choice to be supported by people who know them well, by an advocate or by a peer worker





Reflecting on Choice

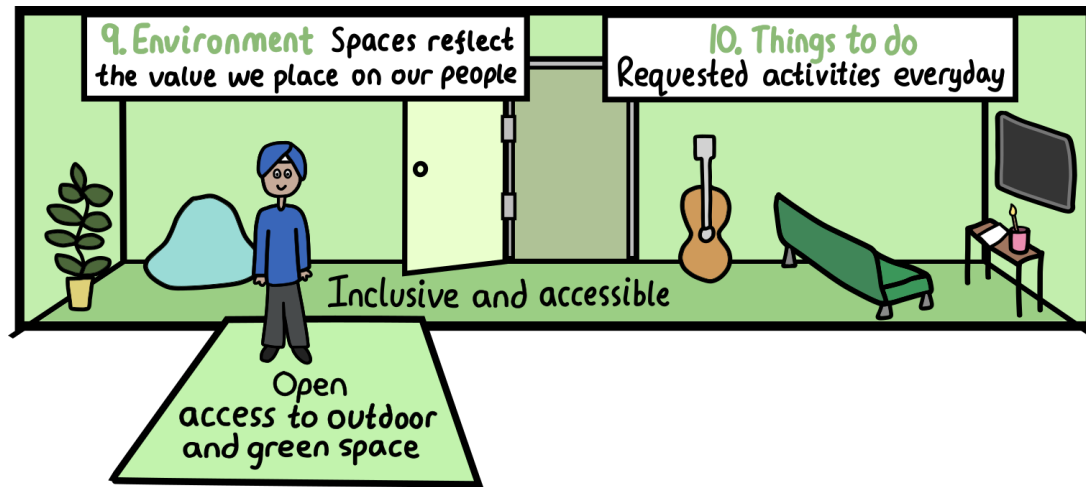
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9. Environment



- The environment is inclusive and accessible, including through making reasonable adjustments where appropriate
- The environment is autism-informed, trauma-informed and sensory friendly
- Comfort is prioritised alongside the space being clean and hygienic
- To prioritise relationships, there are no locked staff offices on the ward
- All people have open access to outdoor and green space
- The ward environment and procedures foster a sense of community, for example eating together
- The environment has been co-designed with people with lived experience and the needs and preferences of patients are evident in i



Reflecting on Environment

What helps?

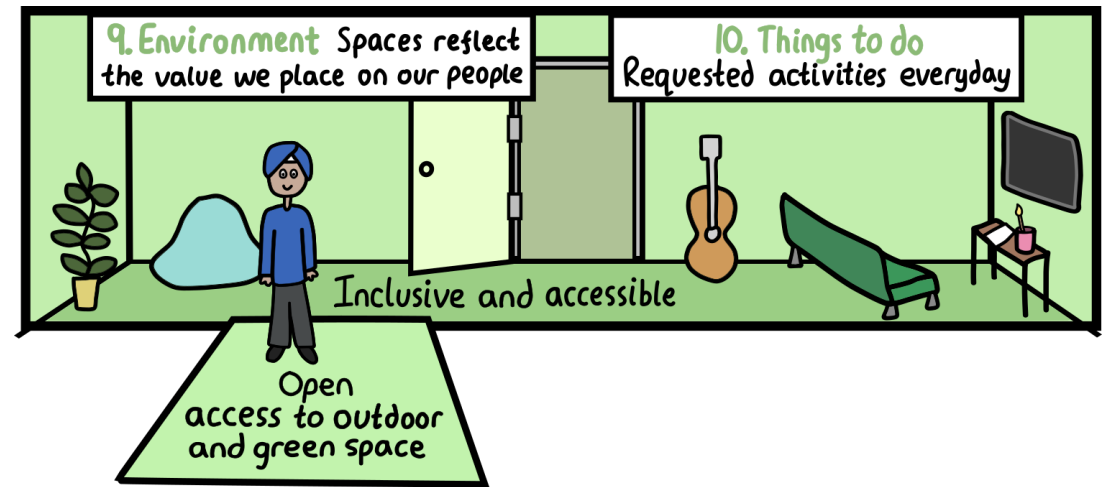
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10. Things to do on the ward

- People are supported to spend their time doing activities they enjoy
- Patients decide which activities are on offer, including those that are culturally appropriate
- Wards collaborate with VCSE and lived experience partners to deliver those activities
- Activities support physical wellbeing





Reflecting on Things to do on the ward

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11. Therapeutic support

- People have access to culturally sensitive support and treatment that is helpful
- People can choose their preferred therapy from a range of options, including trauma-specific therapy
- People have access to support around their social needs, including to maintain links with any community-based health and social care services and to plan for transition





Reflecting on Therapeutic support

What helps?

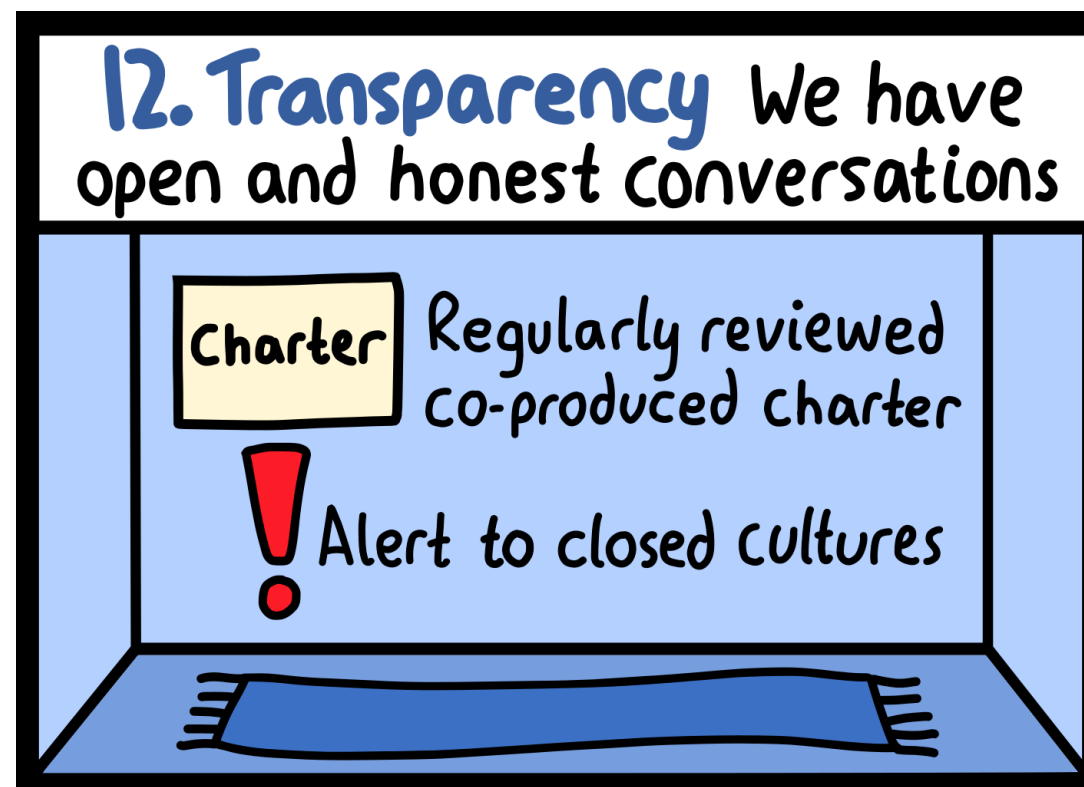
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12. Transparency

- We are honest with patients about our decision-making
- We have a regularly reviewed, co-produced charter that clearly sets out values and expectations
- The organisation has a transparent, compassionate, safe and responsive complaints process
- We are alert to how closed cultures can develop and take steps to avert this in partnership with people and families
- Independent organisations and advocacy are welcomed onto the ward
- We are transparent about the names, roles and responsibilities of everyone working on the ward





Reflecting on Transparency

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