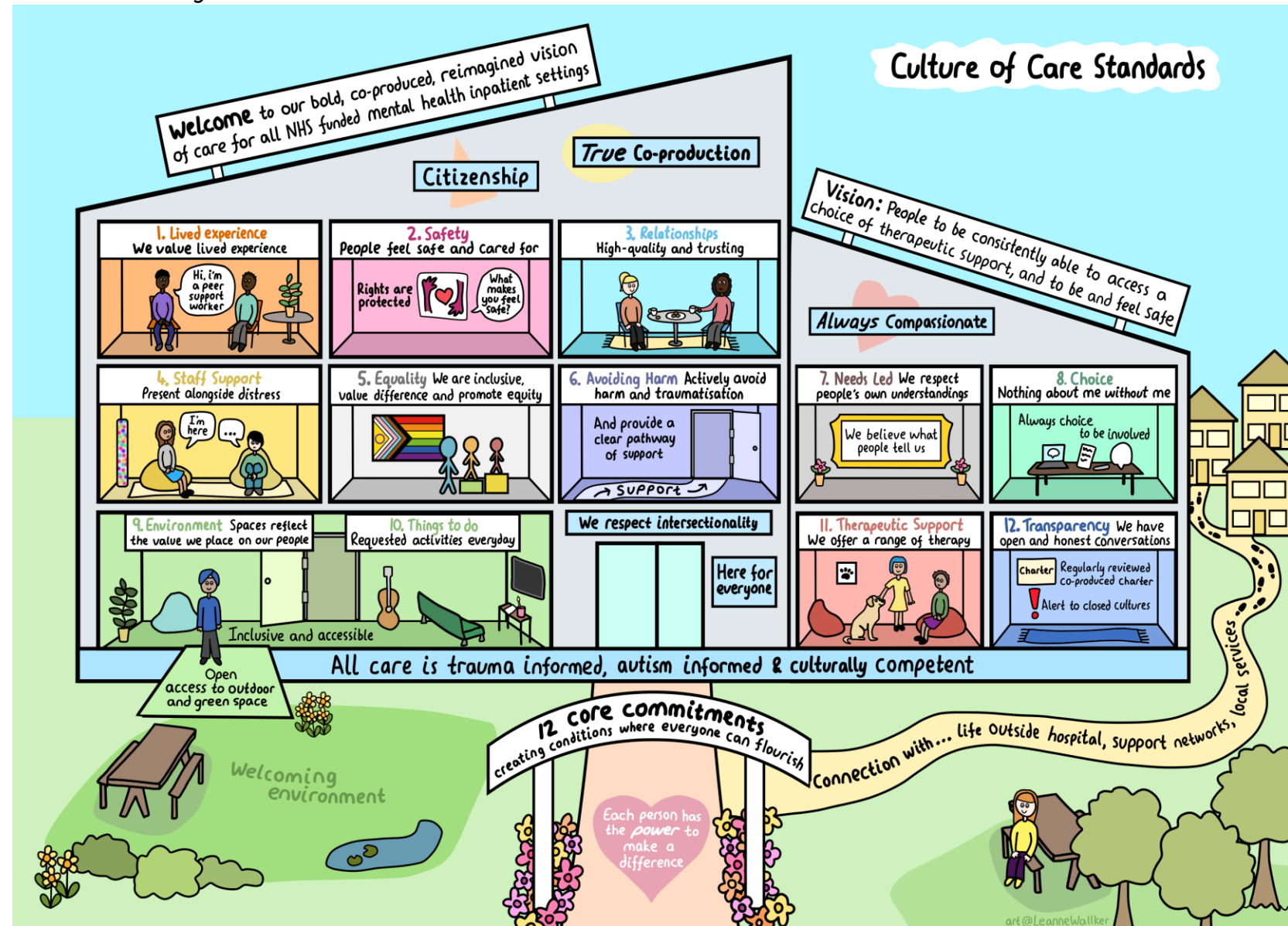


Culture of Care Standards

Illustration by Leanne Walker



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





Safety

“Risk assessment tools should not be used to predict future suicide or repetition of self-harm, or to determine who should or should not be offered treatment. The guideline suggests risk assessment should focus on the person’s needs and how to support their immediate and long-term psychological and physical safety.”

NICE (2022). [Self-harm: assessment, management and preventing recurrence \[NG225\]](#).



Safety

“I was on 1:1 support and this often meant that there were men in my room overnight. Regular male staff were great, it’s easier if you know them, but it was often people I’d never met before. I asked to go home because I didn’t feel safe and it made me more stressed. They told me they didn’t have enough female staff.”

Emily, [It’s Not Rocket Science](#), p98

Change theory

Emily Cannon

Head of Quality Improvement, NCCMH



Combined offer

Quality
improvement
support

Subject matter
expertise

Lived experience

The knowledge of
other organisations

Designing the change theory

Barriers





Personalised approach to risk driver diagram

PRIMARY DRIVERS

Clarity on what the organisation is moving towards

Communication

Presumption of patient, family and loved one involvement

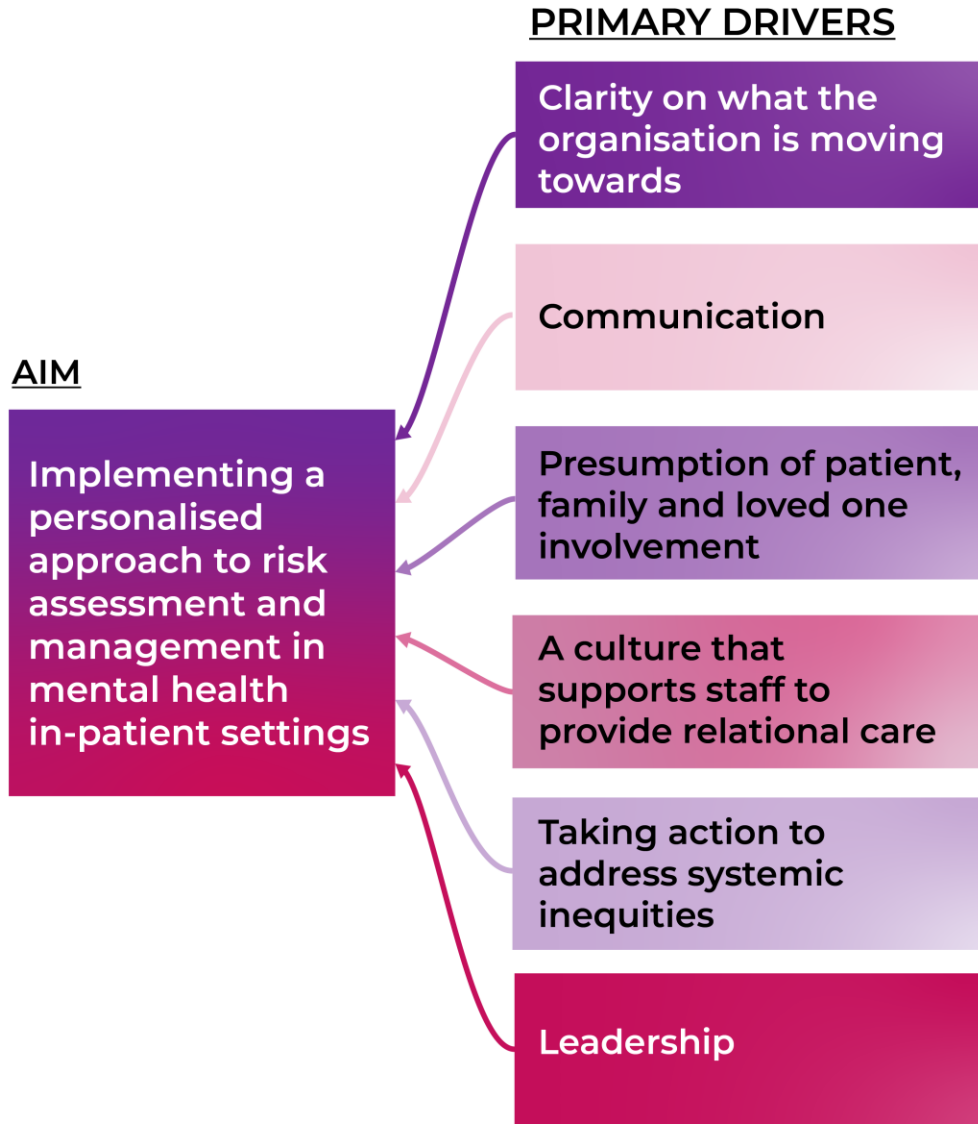
A culture that supports staff to provide relational care

Taking action to address systemic inequities

Leadership

AIM

Implementing a personalised approach to risk assessment and management in mental health in-patient settings





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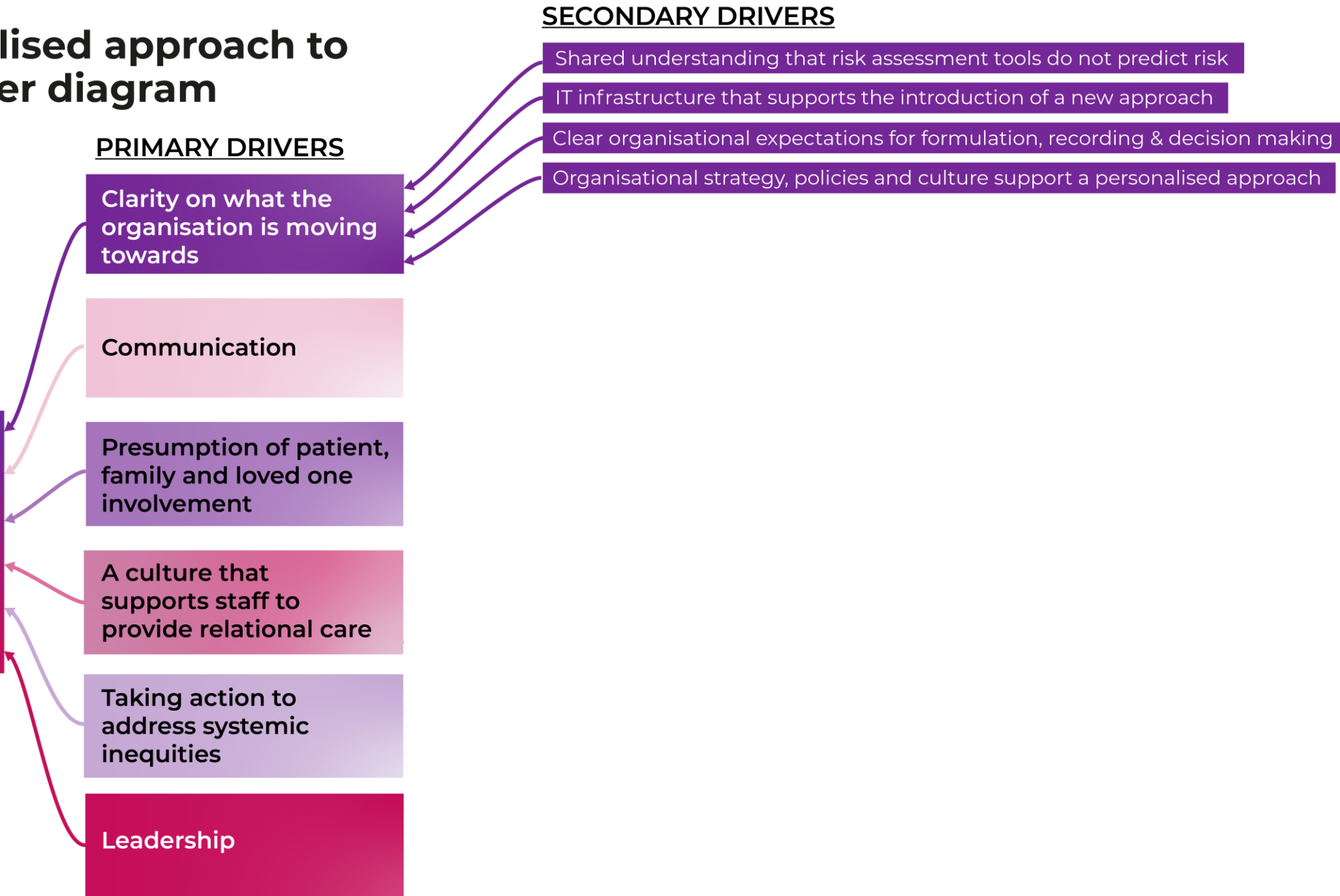
SECONDARY DRIVERS

Shared understanding that risk assessment tools do not predict risk

IT infrastructure that supports the introduction of a new approach

Clear organisational expectations for formulation, recording & decision making

Organisational strategy, policies and culture support a personalised approach





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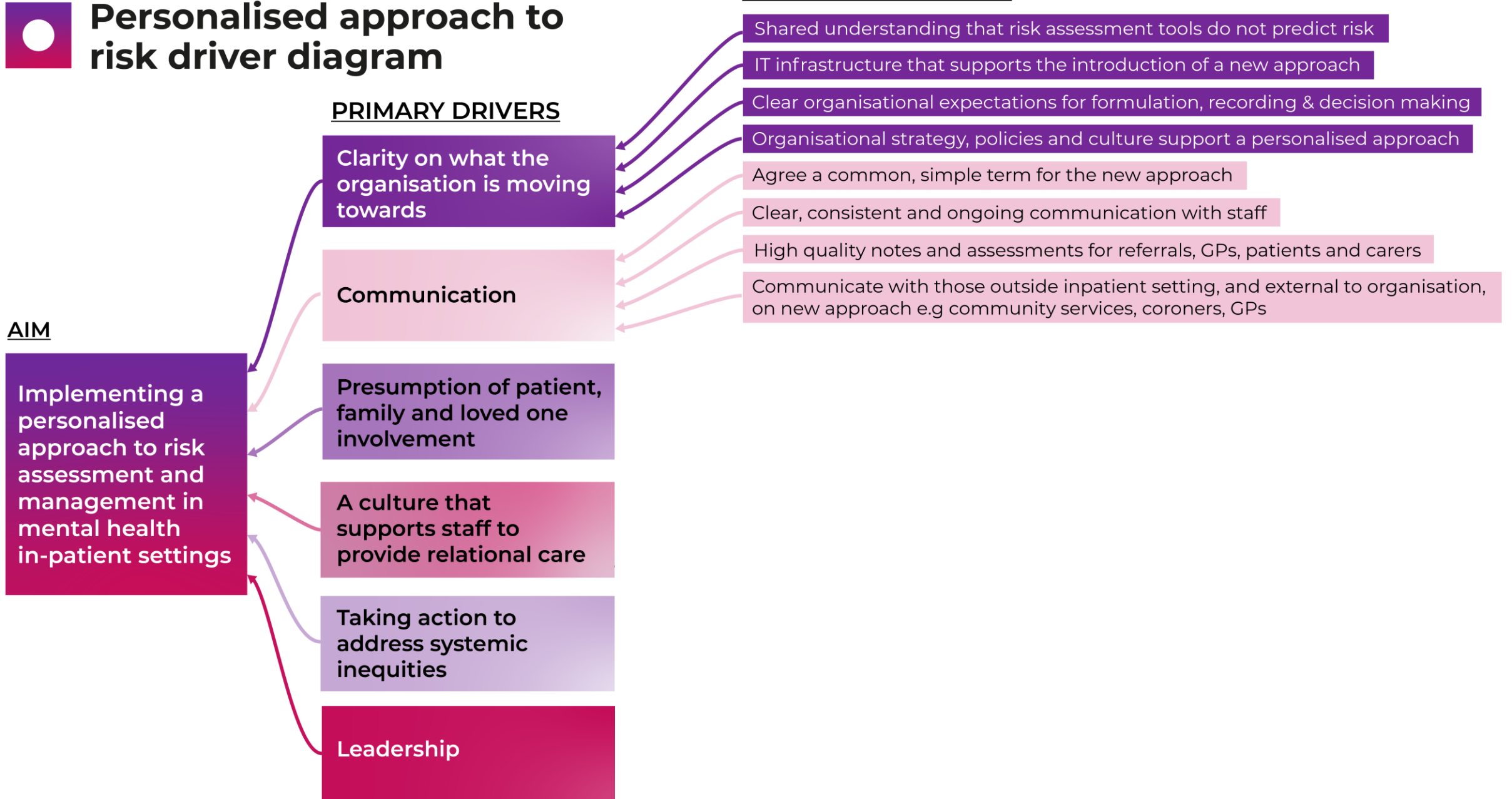
Clear, consistent and ongoing communication with staff

High quality notes and assessments for referrals, GPs, patients and carers

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Leadership that actively facilitates change and new ways of working

Consistency in leadership at all levels of an organisation

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Sessions/discussions/supervision to raise staff awareness

Review approaches of other organisations

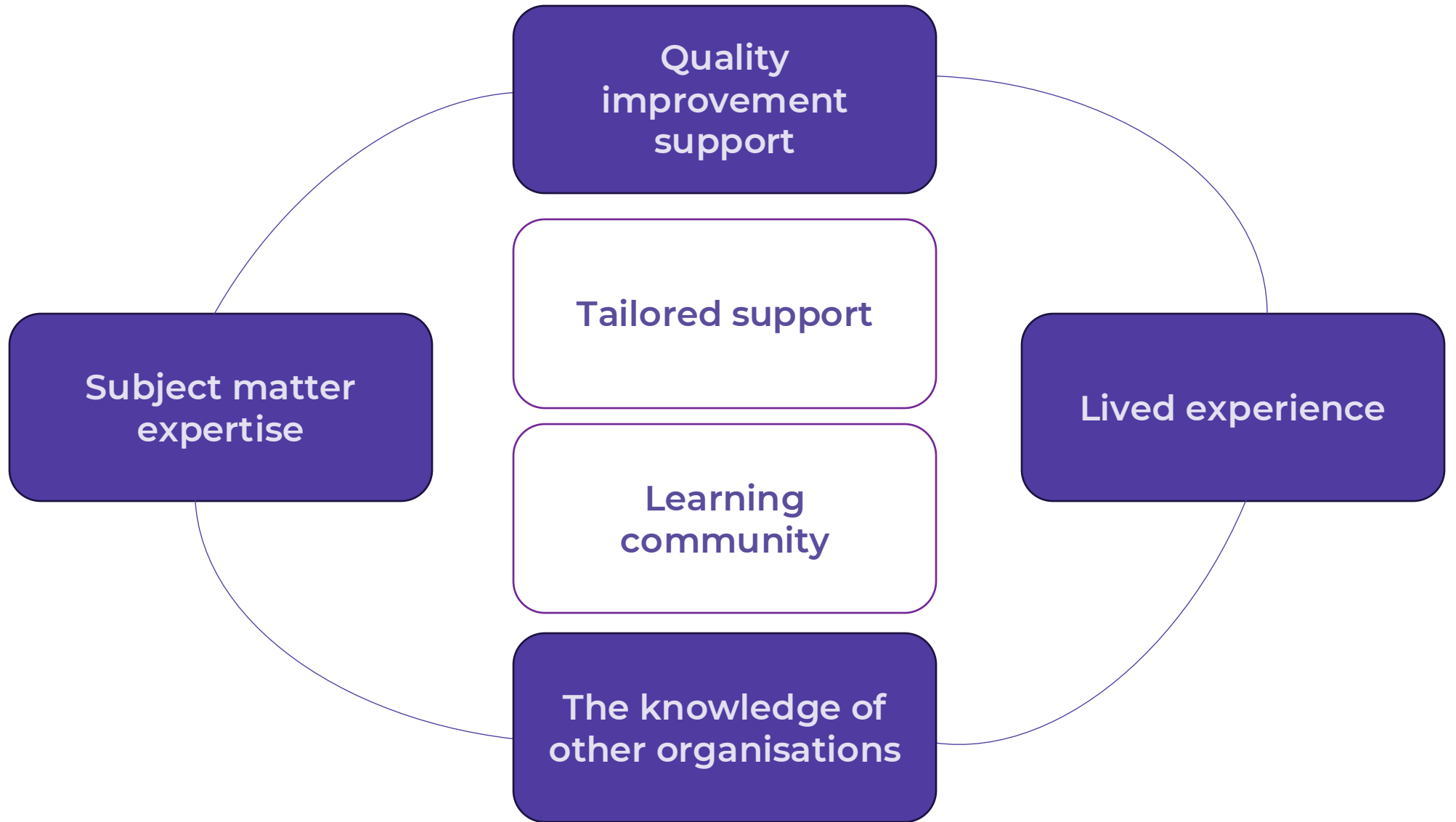
Focus on therapeutic aspects of assessment

Discussions with coroners

Training co-delivered with people with lived experience

Understanding differential experiences

Combined offer



Getting started

- NCISH will be sharing dates for first visits/sessions
- Dates are in September, October and November 2024
- Think about who to invite to your first session, including people with lived experience
- We will have regular online events, which organisations on cohort 2 will be invited to