

## Culture of Care: Staff Care & Development Programme

# Community of Practice summary

### Main group presentation

#### Session aims

- Hear about best practice and learnings emerging from wards
- Reflect on your successes and challenges in the programme
- Interact and connect with other wards and organisations

#### Menti-meter

- Everyone was invited to share what they wanted to get out of the session today. “Guidance” and “clarity” were the most popular responses. Participants also hoped for “learning”, “support”, and “information”.
- Participants reflected that the programme was still “new to me”, but responses reflected that the programme so far had prompted them to think about “co-production”, “anti-racism”, and that “we can change the culture”.
- Respondents strongly agreed that reflective practice was an important component of their work, but there was a mixed level of confidence expressed in setting up and facilitating such a group.

#### **Presentation: running a reflective practice group for night staff during COVID:**

- Psychologist Brian Solts shared his reflections on running this reflective practice group over 4 years.
  - **Who ran it:** The group was run by a Lead Psychologist and Lead Nurse Manager who worked with senior nurse leads to generate interest and enthusiasm.
  - **How they used the space:** The facilitators began the group by explaining the rationale for starting, and then balanced the space over time between open reflective space for staff to share

concerns about coming to work at night, focussing on particular incidents, putting on relevant training, or bringing in guest speakers.

- **Factors for success:** Support from the Trust (in terms of time, funding, and patience) was essential for the group's success, resulting in a more engaged and cared-for staff group, which improved patient care and connection with the wider system. They ensured staff were paid for their time to come in early and meet before a night shift.

### Wrap up menti-meter

- Everyone was asked what they thought would stay with them from this session. The most common responses were "ideas" and "peer support". Others mentioned "be there", "brilliant staff", "the importance of connection", and "we can make a difference".
- People also expressed a desire for continued, regular contact and communication across the whole programme, suggesting "MS Teams" and "QI team support" as methods for this.

## Theme 1: Staff Wellbeing and support

This breakout room focussed on understanding and improving the day-to-day wellbeing of staff on inpatient wards.

### Wellbeing practices discussed:

- Kindness-focused initiatives have been employed by wards, noting that small things can make a big difference e.g. "get well soon" cards, food boxes, hygiene products.
- Raising staff awareness about the nature of service users' illnesses can help educate about why service users behave in the ways they often do.
- Mindfulness spaces: e.g. after handovers
- Clinical supervision, restorative supervision, peer support were all mechanisms suggested. A dedicated trauma support offering was mentioned as a potential offering that has been helpful to staff.

- Sensory spaces being developed for staff as well as service users was mentioned by a participant.
- It's essential for management at the top to receive support, this can have a trickle down effect and ensure that staff beneath them feel equally well supported.

### **Challenges to supporting staff wellbeing**

- Acuity, or lack of engagement, can make it challenging for staff to attend spaces such as focus groups designed to help reflect on wellbeing.
  - A solution for lack of engagement could be to raise awareness of groups, and the Culture of Care programme, in team meetings.
- Perceived team dynamics can make it challenging for everyone to speak up in reflective spaces or supervisions.
  - More clarity in inductions, establishing reflective practice as a safe space, was suggested as an idea to help combat this.
- Due to the nature of the work in inpatient mental health wards, staff might not recognise their experiences as 'traumatic' due to the frequency of their occurrence, and therefore do not reach out for support.
  - A solution to this is for management to proactively offer the support, enabling staff members to recognise traumatic experiences as such and giving them a space to talk about them.
- Competing initiatives across trusts made alignment difficult.

## **Theme 2: Embedding Reflective Practice into Ward Culture**

This breakout room explored how to embed and sustain reflective practice in mental health wards.

### **Challenges in Implementation:**

Participants discussed challenges in setting up and sustaining reflective practice groups within settings. These included:

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- Staff shortages and high acuity make regular reflective groups difficult to sustain.
- Psychological safety is a concern—staff fear judgment or breaches of confidentiality.
- The fact that the space is not there to offer solutions - often staff want solutions to challenging issues rather than seeing the value in reflecting on the issue in an open space.
- Reflective practice often stops when the facilitator leaves.

### Opportunities and Solutions:

- To increase attendance, having a cheerleader on the ward reminding people to attend, e.g. around the ward, at handover - **embedding the space in the culture**
- To combat concerns of psychological safety, having the group leader acknowledge concerns, set up expectations for the session, and set up **structures to process emotion**. The leader noticing and picking up on the emotions of the group might help staff open up more, and feel more value in reflective practice. **Don't be frightened to name the big issues**.
- To combat a desire for solutions rather than reflection, using the space to **offer education or training** occasionally might help.
- **Preparation and contracting** are essential (clear expectations set both with leadership and with the group).
- Finding a partner to facilitate with can be very helpful, looking for qualities like **transparency, honesty and challenge**

Do remember to attend supervision groups from the IGA if you have taken part in the April/May training. Contact [NHSERP@groupanalysis-uk.co.uk](mailto:NHSERP@groupanalysis-uk.co.uk) if you have any questions.

## Theme 3: Getting the most out of your change project

This group focussed on how to implement a successful change project, and to get the most out of projects.

### The group shared factors that have enabled successful past projects:

- Staggering information flow, so that staff feel like the project is **manageable** and not too much to do on top of the day-to-day.
- Ensuring the whole team feels **included**, ensuring **shared ownership** so that staff feel pride in the change.
- **Getting everyone's voices' heard**, including taking the time to understand what's been tried before in this space and what worked or didn't work about previous initiatives
- **Empowering less senior staff** to lead change rather than running projects in a "top-heavy" way
- Making sure people feel **included** and bought in to the change
- Holding spaces like lunch and learns or reflective practice to **reflect and offer support**.

Try using the [inequity waste wheel](#) to think about blockers to implementing successful change related to inequity, and how to combat these.

## Theme 4: Co-producing discharge planning

This group, co-facilitated by the MINDS (Making INtegrated Discharge Support) approach to mental health research, focussed on improving discharge planning by developing a collaborative, user-centered approach.

### Key Gaps Identified:

- Current guidance (e.g., NICE, CQC) lacks clarity on what "collaborative" discharge actually entails.
- Discharge is often focused on risk management, not emotional readiness.

### MINDS Research:

- MINDS conducted mixed methods research with c.60 people with lived experience of discharge (service users, carers and staff) to develop a theory on discharge and understand the needs of those involved, which resulted in the Onwards Approach.

- The approach pays attention to staff wellbeing, emphasising what staff need to support collaborative, person-centered care. In order for staff to effectively deliver discharge, they must also **have their own needs met**.
- Equally, service users need to feel more collaboratively involved in discharge planning, with more information around expected dates.
- Effective discharge planning should consider how returning to the community can feel, re-establishing relationships

### **The Onwards Approach:**

- As a result of the research, MINDS developed the **Onwards Planner** - a collection of booklets to make a planner bespoke to each service user. The planner supports collaborative relationships with staff, building a shared understanding of needs so that service users feel prepared for the transition from ward to community. This planner can be used to support a discharge plan.
- The planner also includes Goodbye Postcards: tools to enable emotionally healthy endings on the ward for staff who service users have developed relationships with
- To ensure staff feel supported, the approach encourages reflective practice as a space to reflect on discharge planning. MINDS developed 'Supportive Practice' materials to enable staff to lead these sessions.

### **Contact:**

For more information on the research or the Onwards Approach, please contact [minds.project@nsft.nhs.uk](mailto:minds.project@nsft.nhs.uk)