



The PSC

A very warm welcome to the:

Culture of Care Programme Staff Care & Development Workshop

September 2025

Welcome! Please complete the staff baseline survey

- Please put up the **posters** we send you with the post-workshop materials so other staff and service users can complete snapshot surveys **by 31st October.**
- We'll re-send the surveys at the end of the programme to gauge progress.

Agenda

Time	Today's Topics	Presenter(s)
10:00 – 10:10	Welcome / Workshop Learning Outcomes & Principles	Amanda
10:10 – 10:20	Introduction to Culture of Care Standards	Mary or Leanne
10:20 – 10:30	Staff Care & Development Programme Overview	Amanda
10:30 – 11:30	Developing Psychological Safety	Jo & Brian
11:30 – 11:45	<i>Break</i>	
11:45 – 12:00	Co-Producing and Sustaining Psychological Safety on the Ward	David & Eleanor
12:00 – 12:30	Panel Discussion and Q & A	Carlina, Jo & Simon (Amanda moderating)
12:30 – 13:30	<i>Lunch</i>	
13:30 – 14:05	Expanding Self-Awareness	Carlina
14:05 – 15:15	Anti-Racism Actions and Practices	Jide
15:15 – 15:30	<i>Break</i>	
15:30 – 16:20	Planning Your Ward's Participation in this Programme	Alice & Helen
16:20 – 16:30	Workshop Summary & Feedback	Carrie & Alice

Getting to know each other

At your table, would you be happy to share...



1. What would it be like to be part of a ward where you feel safe and cared for as a staff member?
2. How could you get people on your ward team excited about helping to move that vision forward?

Learning Outcomes

Today's workshop will support you in:

- Describing the **Culture of Care vision and standards** for helping each person on the ward feel empowered to make a difference.
- Exploring ways to create and sustain **psychological safety** on your ward.
- Considering **equity** issues on your ward, and their impact (e.g., unconscious bias, privilege, power differences, and their effect on individuals and relationships).
- Determining **your insights from today and your ward's next steps** to ensure successful participation in the four components of this programme.

Throughout the workshop, you are **actively encouraged to network with teams** from across England, sharing insights, discussing the challenges facing mental health inpatient services, and highlighting elements of good practice.

Workshop Principles

For a productive and supportive space for today's workshop let's embrace a few principles:

- **Collaborate actively:** Discuss and share as equals, remembering that different types of knowledge and experience have parity in co-production.
- **Keep an open mind:** Embrace curiosity, new ideas, and new perspectives - be open to challenging your assumptions.
- **Be inclusive and respectful:** Ensure that everyone has space to share and be mindful of interrupting; make time for, and value, different perspectives.
- **Listen actively and compassionately:** Listen fully and be present and empathetic as others share their views and experiences.
- **Respect boundaries:** Be mindful of people's preferences and allow them to participate at their comfort level. Be conscious of people's emotional state and remember that you and others can step away from conversations, if needed.

And enjoy ourselves!

Introduction to the Culture of Care Standards

NHS England's Mental Health, Learning Disability & Autism Quality Transformation Programme

What is our aim?

To improve the quality & safety of care people experience in Mental Health, Learning Disability and Autism inpatient settings by introducing a reimagined model of care for the future.



To do this we need to:

Explore and accelerate different therapeutic offers, including community-based alternatives to admissions and culture within inpatient care that is safe, personalised and enables staff and patients to flourish.

Have a clear oversight and support structure that is sustainable and transparent, where issues are identified early. Services that are challenged will have timely, effective and coordinated recovery support



What are the themes?

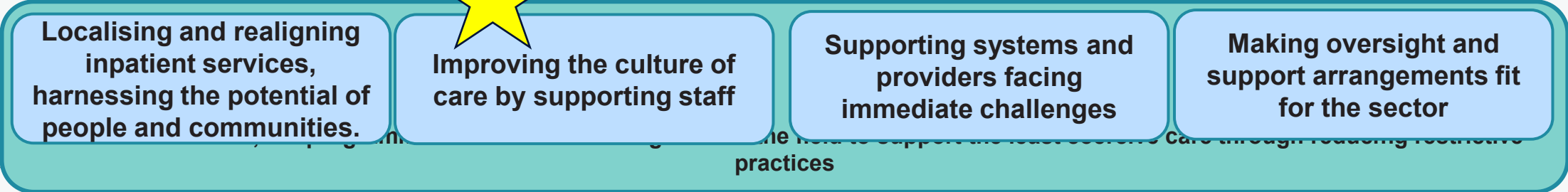
Localising and realigning inpatient services, harnessing the potential of people and communities.



Improving the culture of care by supporting staff

Supporting systems and providers facing immediate challenges

Making oversight and support arrangements fit for the sector



practices

Citizenship and Belonging: The antidote to Othering



Citizenship

**Know your
*people***



Localisation

**Bring them
*home***



Continuity

**Keep them
*close***



Belonging

**Value
*everyone: 'all
means all'***

The person at the centre and as citizens in their own communities

Welcome to our bold, co-produced, reimagined vision of care for all NHS funded mental health inpatient settings

Citizenship

True Co-production

Culture of Care Standards

Vision: People to be consistently able to access a choice of therapeutic support, and to be and feel safe

1. Lived experience
We value lived experience



2. Safety
People feel safe and cared for



3. Relationships
High-quality and trusting



4. Staff Support
Present alongside distress



5. Equality
We are inclusive, value difference and promote equity

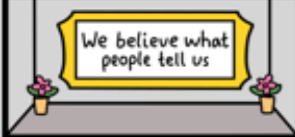


6. Avoiding Harm
Actively avoid harm and traumatisation



Always Compassionate

7. Needs Led
We respect people's own understandings



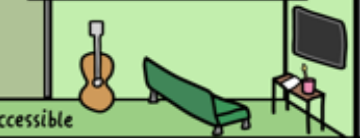
8. Choice
Nothing about me without me



9. Environment
Spaces reflect the value we place on our people



10. Things to do
Requested activities everyday



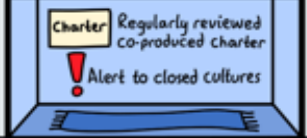
We respect intersectionality



11. Therapeutic Support
We offer a range of therapy



12. Transparency
We have open and honest conversations



Open access to outdoor and green space

All care is trauma informed, autism informed & culturally competent

12 core commitments
creating conditions where everyone can flourish

Each person has the power to make a difference

Connection with... life outside hospital, support networks, local services



Inpatient Culture of Care Improvement Programme

Executive Leadership Support

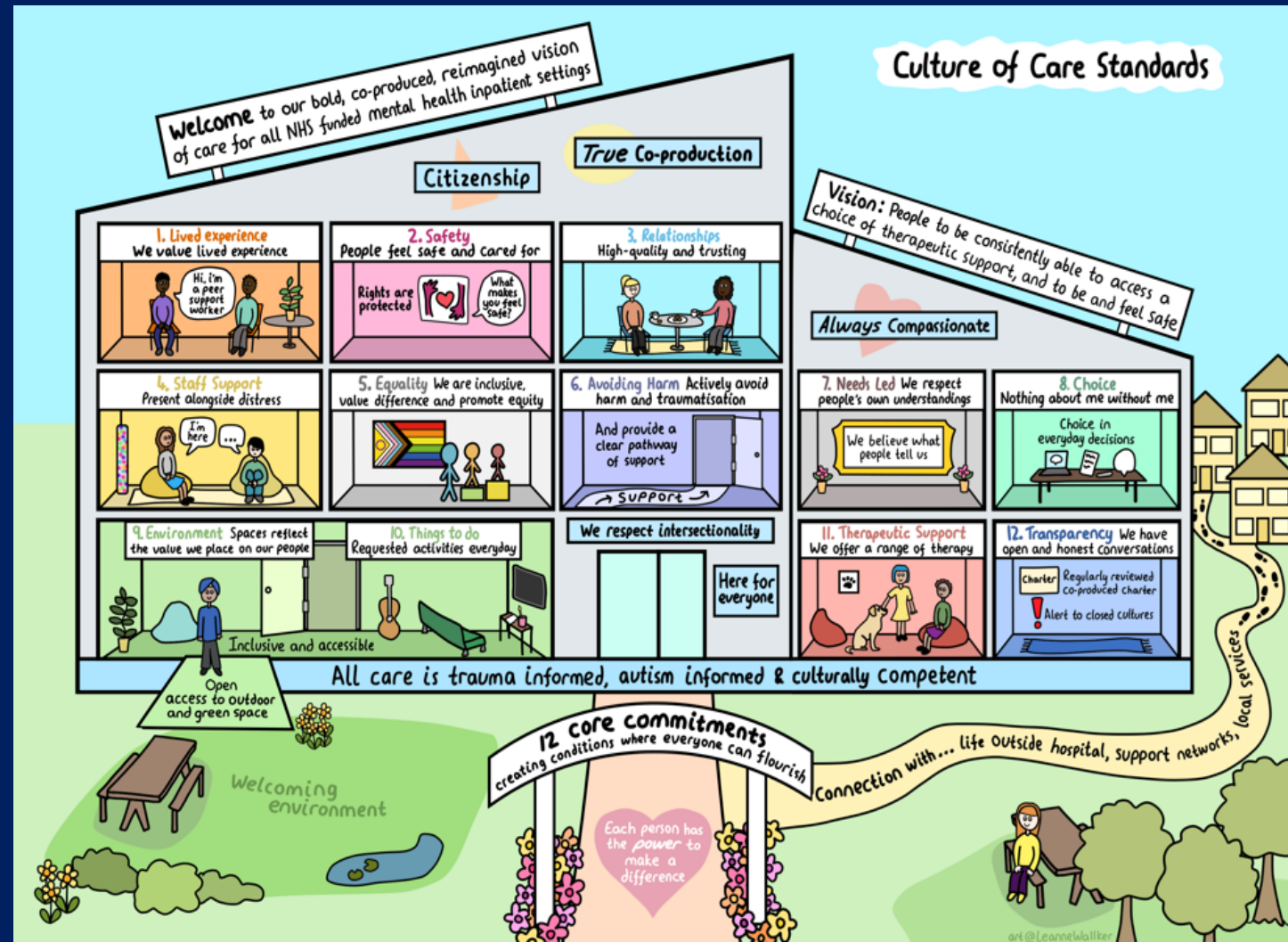
Cross Organisational Quality Improvement

Ward Manager Leadership Development Programme

Staff Care and Support

Quality Improvement for Ward Teams

Personalised Approach to Risk: Practice Change



Progress to Date

Every NHS provider of inpatient mental health, learning disability and autism services, including 6 of the largest independent sector providers, registered on the programme in May 2024.

Ward Teams & Ward Managers

- **213 ward teams** midway through the 2-year quality improvement programme
- **115 ward teams** completed the 6-month staff care and development programme, further 60 wards begin September 2025
- **76 ward managers** have completed the 3-month leadership & development programme

Executive Leadership & Cross-Organisation

- **104 Executives** are mid-way through the direct coaching & mentoring programme, co-delivered with experts by experience
- Work is commencing with **cross-organisational teams in all providers** on thinking and working differently aligned to the Culture Standards

Personalised Approaches to Risk

- **10 pilot organisations** working to evidence essential work to move away from risk categories and risk scores, to trauma-informed, personalised approaches to risk and safety planning

For further information, please see the [NHS England Culture of Care webpage](#)

Staff Care & Development Programme Overview

Staff Care & Development Programme Overview



Lived experience network - team members with lived experience can attend monthly meetings of the network

Example Ward Team Projects



Valuing & Empowering Staff via Updated Supervision System

Update the **supervision system** so that everyone feels valued, celebrated, listened to, and empowered in their roles.

Willow Ward,
Somerset NHS Foundation Trust

Improving Cultural Competency

Give staff opportunities to be curious and discuss other cultures so they feel able to explore their own biases and perspectives, build a richer shared knowledge to encourage conversation, and **create an ethos of cultural competency.**

Greenfields Ward,
Livewell South West

Personalised Activities Run by All Staff

Have a full and **personalised activity schedule for all patients run by all staff**, of patient-requested activities. Aiming for at least daily indoor, and 5x weekly outdoor activities.

Opal Ward,
Oxford Health NHS Foundation Trust

Your confidence with speaking up

I feel confident to speak up about behaviours that do not feel safe or comfortable.

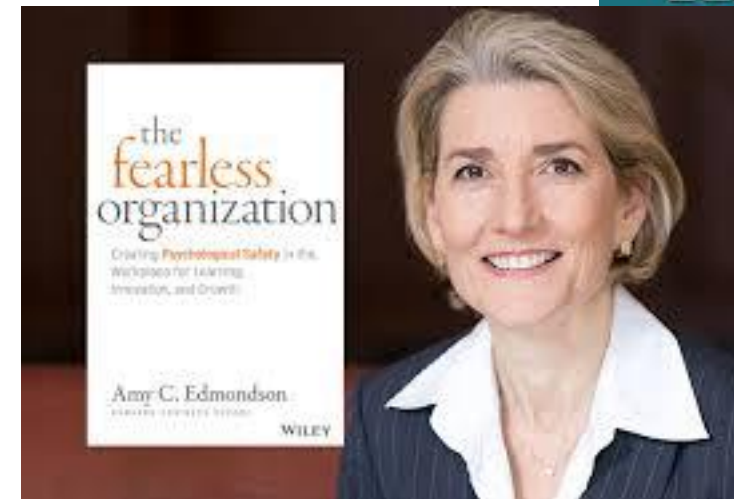
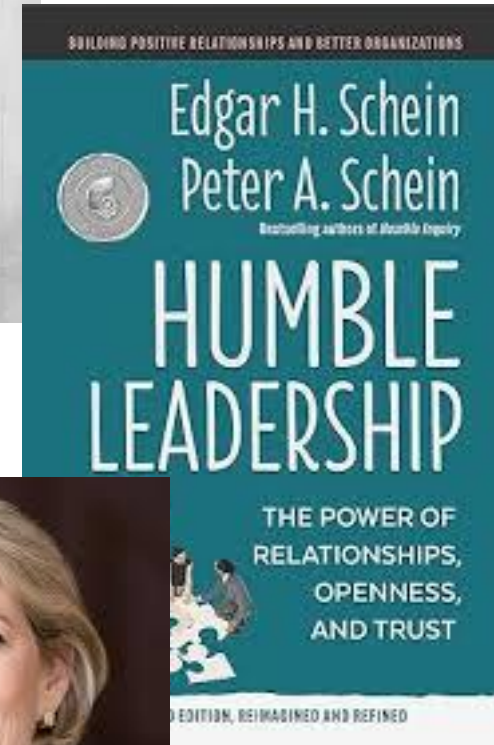
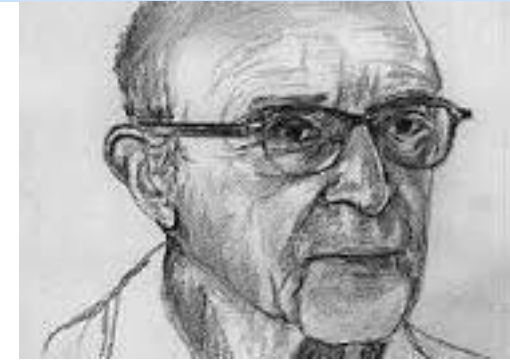
1. Strongly agree
2. Agree
3. Somewhat agree
4. Somewhat disagree
5. Disagree
6. Strongly disagree

Developing Psychological Safety:

What is it and how does this apply
to my ward?

What is Psychological Safety?

- **Carl Rogers: 'Toward a Theory of Creativity'** – 1950: the conditions under which creativity flourishes, individuals feel free from external evaluation and can express their authentic selves without fear
- **Schein & Bennis: "Personal and Organizational Change Through Group Methods: The Laboratory Approach"** - 1965: encourages trying and tolerates failure; reduces interpersonal anxiety & risk, freeing people to create, invent & innovate
- **Amy Edmondson: 1996 study** – 'psychologically safe' nursing teams acknowledge errors, which improves learning and outcomes; teams lacking psychological safety conceal mistakes, hampering improvement



Psychological safety is...

- A shared belief that team members can express ideas, questions, concerns, or mistakes without fear of punishment, humiliation, or negative consequences
- Teams feel safe to take interpersonal risks—challenging the status quo, admitting errors, asking for help, or sharing feedback—knowing that their team and leaders will respond with respect and support, not ridicule or blame
- An empathic link to others: holding in mind how you see yourself from the outside and others from the inside; stress and fear diminishes this ability



Key factors involved in building Psychological Safety

- **Trust & Respect** – relying on each other, valuing different perspectives
- **Open communication** – honest, frank dialogue, valuing diverse viewpoints; leaders model curiosity, compassion and receptiveness to new or challenging perspectives
- **Safe handling of mistakes & conflict** – mistakes as opportunities for growth; sharing & learning; respecting disagreements or differences of opinion; accountability rather than blame
- **Belonging & Inclusion** – team members feel accepted regardless of background or role; fostering connections, engagement and bringing whole self to work; leaders model ‘all voices heard’
- **Growth & Innovation** – spaces where experimentation and wild ideas are welcome; leaders welcome challenges to the status quo and model change without fear; success is valued as much as learning from trying something new, even if it does not work

"Feeling Heard, Valued, and Respected"

"Empathy has no script. There is no right way or wrong way to do it. It's simply listening, holding space, withholding judgment, emotionally connecting, and communicating that incredibly healing message of 'you're not alone.'"



-Brené Brown

Scaffolding in safety means being available to check in with your feelings about work

- What is it about Harry that makes him my favorite patient?
- Why can't I stand Peter?
- Why does Jacky always make me feel scared?
- Why do I avoid having any contact with Lee? He gives me the creeps...
- Why do I always give Sally nearly 2 hours of 1:1 time?
- Why do we never challenge each other in ward reviews?
- Why am I never taken seriously?
- How do I support Tina? She's having a rough time...



The Four Stages of Psychological Safety

1. Inclusion Safety

Employees feel safe valued, treated fairly, and believe their experiences and thoughts matter.

4. Challenger Safety

Employees feel safe to challenge the status quo and see positive change opportunities.



2. Learner Safety

Employees feel safe to learn and grow. They ask questions, and give and receive feedback.

3. Contributor Safety

Employees feel safe contributing their ideas. They feel they can use talents and abilities to make a difference.

Table discussion exercise: 4 scenarios illustrating the different stages of psychological safety

We'll now allocate your table to one of four different scenarios to work on for the next 15 minutes.

We would like you to discuss, as a whole table group, the following 3 questions:

- ❖ **How equipped are you, as a team, to deal with this scenario?**
- ❖ **Are there particular challenges this scenario would present to your team?**
- ❖ **What do you need to work on as a team to be able to deal with this?**

Please identify someone who can feed back for your table group for ~1-2 min.

1. Inclusion safety: Team members facing racism at work

Jenna is a Black member of staff who started working in the NHS over a year ago, having been recruited as part of an international group of psychiatric nurses from the Caribbean. The Trust leadership team has been extremely welcoming of the group, and so far, Jenna's experience has been incredibly positive. Having spent most of her time settling in community posts and getting to know the Trust services, she decided to go for a job on one of the inpatient wards, the PICU (psychiatric intensive care unit - an 8-bed, male-only ward).

Jenna started on the ward a month ago. After a good interview with the ward manager and deputy, which felt very welcoming, she quickly started to feel unwanted after her first few weeks working on the ward. Unlike other places in the Trust, there was no induction and, try as she could, she felt the staff team were quite distant and unfriendly. As Jenna got to know the place a bit better, she realized there had been several violent episodes over the last couple of months, one of which ended with a Health Care Assistant being hospitalized. Although the patient had been moved to a medium secure unit, Jenna realised there was an 'us and them' feeling about staff versus patients.

One day, she was walking to the team office when she overheard two male patients making Nazi salutes to each other. Although she couldn't be certain, she was sure one of them made a derogatory statement about the colour of her skin. When Jenna spoke about this in the handover, her colleagues seemed to dismiss her feelings, telling her she was probably being oversensitive, and that staff on the ward must be resilient as the patients are not nice people. When she spoke to another Black member of staff about what she had just experienced, they burst into tears and then became angry that no matter how much the Trust says they have a 'zero policy' for abuse, it is meaningless, because they are still being abused and don't want to report the incidents to the authorities as they feel that it 'won't change anything' and anyway, 'the patients are ill so no one will take it seriously.'

2. *Learner safety*: The team learns about a serious incident caused by a mistake at work

You learn that, on another ward in the Trust, a package arrived at reception for an inpatient, and that on this occasion the policy for checking items before giving them to the person wasn't followed. The safety review makes the point that all staff should be aware of the policy and failure to follow it this time resulted in 'a near miss.'

About a week ago, two members of the team involved had gotten into a disagreement about the policy. On the day of the incident, two members of the team had passed reception and been handed an Amazon delivery for a woman who was under the care of their ward. The senior member of the team tutted loudly, "What are we now, a post office service?" and said they were sick and tired of the hospital being treated like a hotel. When they got back to the ward, the more junior staff member said they needed to open it before giving it to the patient. The senior staff member tutted again, "Isn't that just an invasion of their human rights? For goodness' sake, I'll just give it to them."

They went to find the patient, and the senior staff member asked her what was in there. "Oh, it's just some nice new makeup I wanted to get before I see my friend next week." Without looking inside the package, they give it to the patient and return to what they were doing previously. About 5 minutes later, they hear the emergency alarms going off on the ward and team members rush to the woman's room. Inside the package was a knife the patient had ordered from Amazon and had self-harmed.

The patient's wound was not life threatening and she was attended to, and the knife removed. The two members of staff felt terrible and realised why the policy exists. They also missed the warning on the Amazon package: "Caution: Contains a bladed artifact."

3. Contributor safety: A member of the team expresses concern about a patient's discharge

A member of your support staff (HCA/Support Worker/Social Therapist) discovers that a female patient who is due to be discharged soon is feeling very unsafe at the prospect of going back to their flat. The patient tells them that they feel very frightened at the thought of going back to their flat and don't think they will be able to remain safe. The patient starts to cry.

The team member remembers from the handover that the patient had been previously targeted over a period of months by a group of men, initially friendly, but then threatening. They forced her to let them in, and it took months before she told anyone how scared she was. The men were dealing drugs from the flat and the patient had become unwell again. Eventually her community team realized what was going on and instigated various safeguarding procedures involving the police. The patient became very psychotic while this was happening and was placed on a Section 3 and taken to hospital for treatment. The men were prosecuted and two of them went to prison.

The support staff member tries to reassure the patient that it won't happen again, that there was a safeguarding investigation and that these men had been punished. The patient responds, "But what if they come looking for me? They are going to be mad with me."

The staff member realizes that the patient hasn't spoken about what happened to anyone and lets her colleagues know that there needs to be some work done to help her work through what happened before she is discharged. This is ignored by the team who have already sorted out the discharge plan for the patient for the following Monday. The staff member feels very cross that no one is listening and decides to bring it up at the next MDT review to see if this new information can be taken into account before she leaves the ward.

4. *Challenger safety: An OT Assistant puts the Activity Programme onto the agenda of a team business meeting*

A member of the ward multi-disciplinary team (MDT), an Occupational Therapy Assistant (OTA), gets annoyed after having to cancel several planned ward activities over the previous couple of weeks. Every time they raise the need for someone to help cover the group programme at morning handover, they can colleagues raising their eyebrows and tut tutting. One of the team members tells the OTA that they need to get real: the ward is short staffed and anyway, if they really need someone to cover the group, go ask the head of OT or Psychology. “Nurses and HCAs shouldn’t be expected to cover the work of therapists.”

The OT Assistant raises the issue with their supervisor, who is a qualified OT but doesn’t work on the ward. The supervisor becomes cross and tells the OTA that it’s a real shame that OT is so devalued on the ward and something needs to be done about it. They say they will raise the issue with the Head of OT but doubt that anything will change. The staff member walks away feeling very down hearted. On the last ward they worked on, it was expected that everyone in the MDT contributed something towards the Activity Programme and they remember how good it was to feel part of that team. The consultant psychiatrist would get resident doctors to participate in medication information groups; the psychologists and nurses did a rolling programme about learning how to cope with difficult feelings; and the OTs used cookery and craft to assess people’s everyday skills prior to discharge planning.

Undeterred, the OTA decides to put the Activity Programme onto the agenda of the team business meeting which is chaired by the Ward Manager. Just before the meeting, the Ward Manager tells the OTA, “Really sorry, we don’t have time to discuss that today,” and promises to put it onto the next month’s meeting. The Ward Manager says there is a really urgent item about the increase in the number of violent incidents and self-harm over the last couple of months, and this needs to be properly understood with an agreed action plan and strategy to keep the ward safe. The OTA decides not to go to the meeting, but is left thinking, “If only they understood the research better: When there are fewer activities offered on the ward, the number of patient incidents and general acuity on the ward tends to rise.”

1. Inclusion safety:

Team members facing racism at work

A member of the team reports racist gesturing and comments by two male patients. When the team tells them to just be more resilient, another team member gets upset and angry and says, “What’s the point having a zero policy for abuse when nothing ever changes?”

How can you help to support others so that everyone feel safe and included?

3. Contributor safety:

A member of the team expresses concern about a patient’s discharge

A patient who is due to be discharged soon tells a team member that they feel very vulnerable at their flat and don’t think they will be able to remain safe if they go back. The team member believes the patient should not be discharged at this time.

How can you help all staff feel able to contribute their opinion, no matter what their role?



2. Learner safety:

The team learns about a serious incident caused by a mistake at work

The teams learns that on another ward, the policy for checking items before giving them to patients wasn’t followed. The staff on shift decided the patient should be allowed to open the package in private. The patient self-harmed using the item.

How can you help people feel safe to learn from mistakes?

4. Challenger safety:

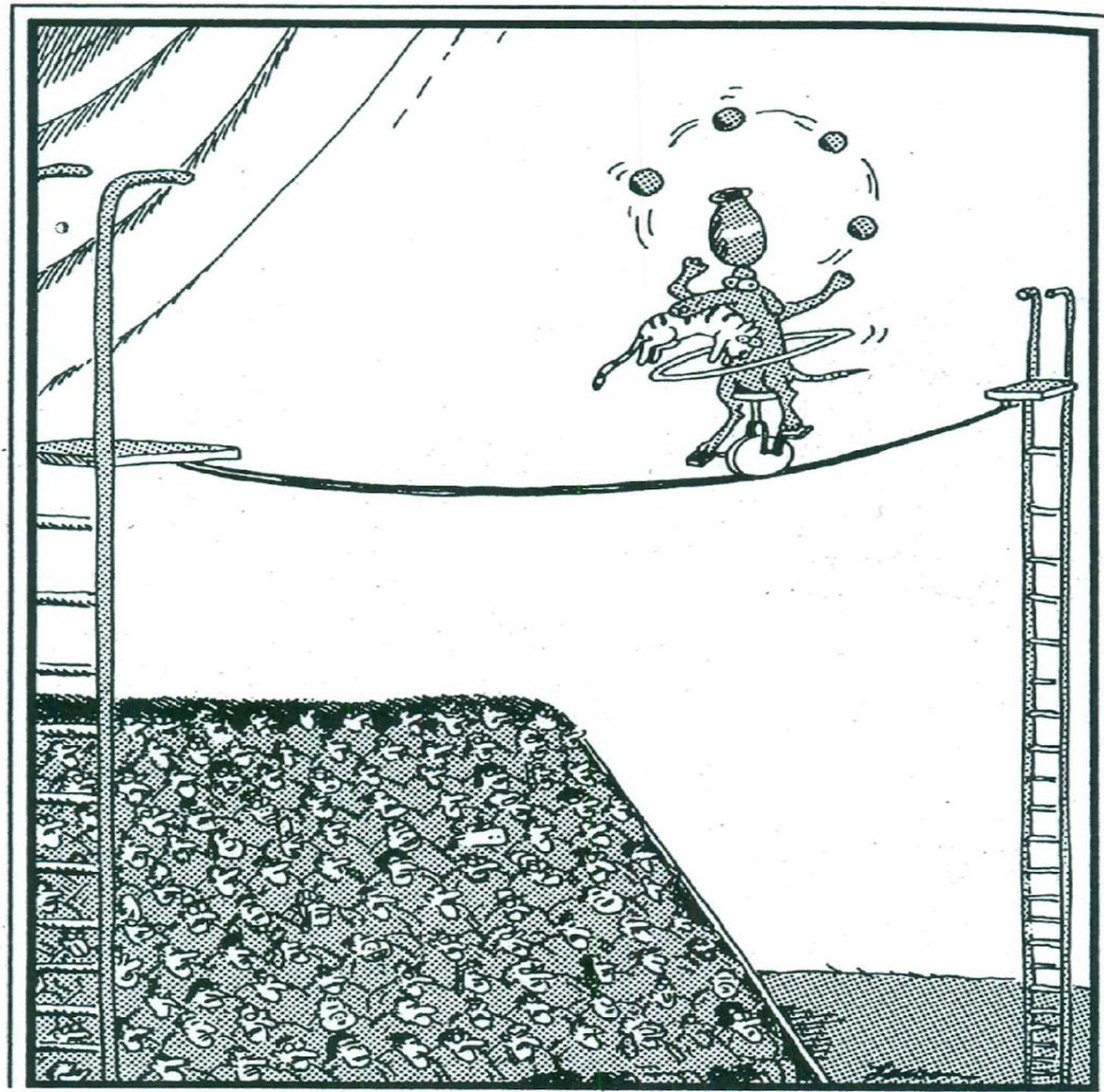
An OT Assistant puts the activity programme onto the agenda of a team business meeting

An OT Assistant wants to put the Activity Programme onto the agenda of a team business meeting to raise the issue with the Ward Manager and Band 6s, as there is no consistent team / MDT ownership of the ward’s activity programme.

How can you help people feel okay to challenge practices on the ward?

Break

Co-Producing & Sustaining Psychological Safety on the Ward



High above the hushed crowd, Rex tried to remain focused. Still, he couldn't shake one nagging thought: He was an old dog and this was a new trick.

We care and can help

- Patients/Service Users, former patients, and carers can provide insight and feedback
- 'People with lived experience' in more professional roles can be part of team coaching and co-production

Network for EbEs, Staff and Carers with Lived Experience Meets Monthly

September to February



What are our aims?

- ✓ To support people with lived experience to be effective agents of change, with particular attention to how staff can draw on their lived experience to **contribute to the team project**.
- ✓ Any experts by experience, members of staff with lived experience, or carers, are welcome.



What are the key activities?

Monthly meetings of the network, typically on the final Friday of each month, with the next meeting planned for **10:30-12 on Friday the 26th of September**.

- During sessions, we provide opportunities to share ideas, progress, address challenges and surmount obstacles.
- Attendees include participants from previous cohorts and the Mental Health Act QI programme.



Call to action

- ✓ Anyone with lived experience interested in joining the network should **reach out to cultureofcare@thepsc.co.uk**
- ✓ **Spread the word!** Tell your colleagues with lived experience that the network is open to them.
- ✓ **Next meeting: 26th Sept. @ 10:30 a.m. – 12 p.m.**

Please do scan the following QR code if you wish to get involved in the Lived Experience Network



<https://forms.gle/cccPkzr2xi3vkR6L8>

Panel Discussion: Psychological Safety

Lunch

Expanding Our Self-Awareness

Table Discussion – 10 mins

1. Which parts of my story resonated with you most?
1. Would you have made the same assumptions without me sharing my background?
1. How can you ensure service users' behaviours are not judged without context?

Inequality

Unequal access to opportunities



Equality?

Evenly distributed tools and assistance



Equity

Custom tools that identify and address inequality



Justice

Fixing the system to offer equal access to both tools and opportunities



What is Cognitive Bias?

“systematic errors in the way individuals reason about the world due to subjective perception of reality”

<p>Fundamental Attribution Error</p> <p>We judge others on their personality or fundamental character, but we judge ourselves on the situation.</p>  <p><i>Sally is late to class; she's lazy. You're late to class; it was a bad morning.</i></p>	<p>Self-Serving Bias</p> <p>Our failures are situational, but our successes are our responsibility.</p>  <p><i>You won that award due to hard work rather than help or luck. Meanwhile, you failed a test because you hadn't gotten enough sleep.</i></p>	<p>In-Group Favoritism</p> <p>We favor people who are in our in-group as opposed to an out-group.</p>  <p><i>Francis is in your church, so you like Francis more than Sally.</i></p>	<p>Bandwagon Effect</p> <p>Ideas, fads, and beliefs grow as more people adopt them.</p>  <p><i>Sally believes fidget spinners help her children. Francis does, too.</i></p>	<p>Groupthink</p> <p>Due to a desire for conformity and harmony in the group, we make irrational decisions, often to minimize conflict.</p>  <p><i>Sally wants to go get ice cream. Francis wants to shop for T-shirts. You suggest getting T-shirts with pictures of ice cream on them.</i></p>
<p>Halo Effect</p> <p>If you see a person as having a positive trait, that positive impression will spill over into their other traits. (This also works for negative traits.)</p>  <p><i>"Taylor could never be mean; she's so cute!"</i></p>	<p>Moral Luck</p> <p>Better moral standing happens due to a positive outcome; worse moral standing happens due to a negative outcome.</p>  <p><i>"X culture won X war because they were morally superior to the losers."</i></p>	<p>False Consensus</p> <p>We believe more people agree with us than is actually the case.</p>  <p><i>"Everybody thinks that!"</i></p>	<p>Curse of Knowledge</p> <p>Once we know something, we assume everyone else knows it, too.</p>  <p><i>Alice is a teacher and struggles to understand the perspective of her new students.</i></p>	<p>Spotlight Effect</p> <p>We overestimate how much people are paying attention to our behavior and appearance.</p>  <p><i>Sally is worried everyone's going to notice how lame her ice cream T-shirt is.</i></p>

Source: Britannica.com

Privilege | What is privilege?

The absence of barriers and the presence of built-in advantages.

Taking privilege into account is a key component of valuing differences.

Privilege | Learning activity



Privilege | White Privilege

Is...

Having **greater access to power and resources** than people of color [in the same situation] do.

A **built-in advantage**, separate from one's level of income or effort.

Is not...

The suggestion that **white people have never struggled**:

- Many white people do not enjoy the privileges that come with relative affluence, such as food security.
- Many do not experience the privileges that come with access, such as hospitals [near where they live].

And white privilege is **not the assumption that everything a white person has accomplished is unearned**; most white people who have reached a high level of success worked extremely hard to get there.



Anti-Racism Actions & Practices



Reflection

Now that you've established your level of privilege, which of these do you identify with most?

- Anti-racism – *actively* taking steps to dismantle racism when you see it
- Non-racism – *not* taking action to dismantle racism when you see it

Join at menti.com | use code **3101 2365**

**"There is no more
neutrality in the world.
You either have to be part of the
solution, or you're going to be
part of the problem."**

**-Eldridge Cleaver
Writer & activist**



Image source: African-American Registry, retrieved 2025/08/31 from <https://aaregistry.org/story/from-anger-to-peace-eldridge-cleaver/>

So, what is race?

“‘Race’ is a socially constructed phenomenon, based on the erroneous assumption that physical differences such as skin colour, hair colour and texture, and facial [or other physical] features are related to intellectual, moral, or cultural superiority. The concept of race has no basis in biological reality and, as such, has no meaning independent of its social definitions.”

-Frances Henry & Carol Tator, 2009

Source: Henry & Tator (2009). *Colour of democracy: Racism in Canadian society*. Nelson Education. <https://doi.org/10.3138/9781442678972>

Why is race used?

“Although the idea of ‘race’ is a social construct with no biological essence, race continues to be enacted through racism and racialization, making it ‘real’ through embodied experiences and systemic inequalities.”

-Jade Aliya Mah-Vierling, 2019

Source: Mah-Vierling (2019). *Mixed-race Asian subjectivities and genres of the self*. University of Calgary master's degree thesis. <http://hdl.handle.net/1880/110297>

What is ethnicity?

“a large group of people with a shared culture, language, history, set of traditions, etc., or the fact of belonging to one of these groups....”

Source: Cambridge English Dictionary

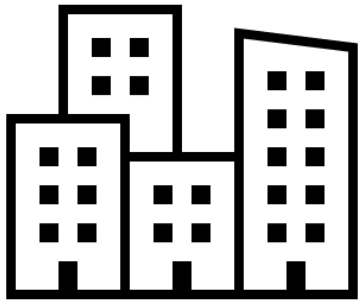


Defining racism

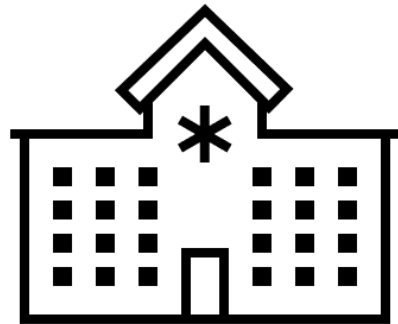
“Prejudice, discrimination, or antagonism by an individual, community, or institution against a person or people on the basis of their membership of a particular racial or ethnic group, typically one that is a minority or marginalised.”

Source: *Oxford English Dictionary*

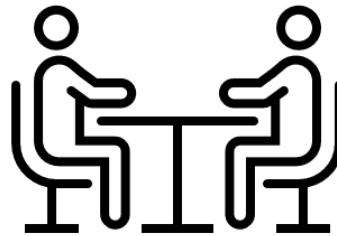
Arenas of racialisation: Where 'racism' is enacted



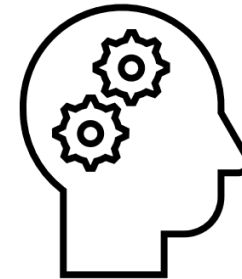
Structural /
Systemic



Institutional

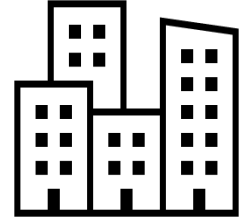


Interpersonal



Internalised

Structural / systemic racism

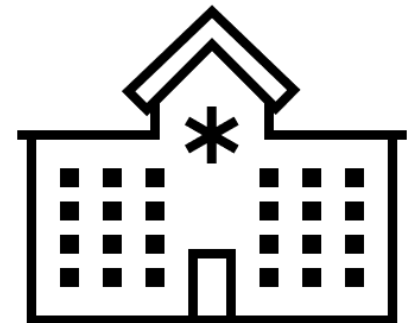


- Can be seen as the fossilised remains of historical racialised abuse and injustice. It forms the foundation upon which nations, economies, and institutions are built.
- Is built into the culture of organisations and institutions.
- Believes it is an objective structure that allocates positions to different people making 'whiteness' the privileged norm and exempt from categorisation.
- Shows up in statues

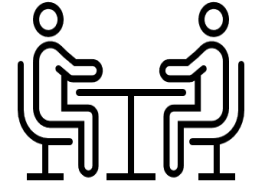
Institutional racism

In a way, institutional racism is the direct descendent of systemic racism, which enables it by making it appear like normalised social reality: 'Nothing to see here...'
We see it operating in these areas:

- Discriminatory policies and practices
- Inclusiveness only for some
- Compliance, coercion, gaslighting to tolerate abuse
- Within healthcare, including psychiatry and psychology
- Policing
- Education
- Being overlooked for promotion
- Lower pay

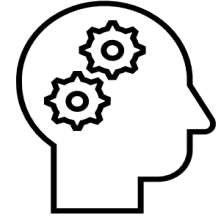


Interpersonal racism



- The most common (mis)understanding of racism in our country is limited to the ‘interpersonal’ level of racism—the personal prejudice and intentional bias in our individual interactions across different races.
- Interpersonal racism occurs between individuals.
- This is the bias that occurs when individuals interact with others and their personal racial beliefs affect their public interactions: - Racial slurs - Direct and indirect discrimination - Aggression - Coercive use of humour - Physical violence – Microaggressions.
- However, these interactions do not emerge from a vacuum. They have been facilitated, normalised, and then justified by the constant repetition of inequitable outcomes for racialised or ethnically and culturally diverse people by the systems and structures that underlie our institutions.

Internalised racism



This type of racism comprises our private beliefs and biases about race and racism, influenced by our culture. This can take many different forms, including:

- Prejudice towards others of a different race
- Internalised oppression (the negative beliefs about oneself by people of colour)
- Internalised privilege (beliefs about superiority or entitlement by white people)

**STOP
RACISM**

Anti-racism

The active process of identifying and eliminating racism by changing systems, organisational structures, policies, practices, procedures, and attitudes, so that power is redistributed and shared equitably.

Source: Diggs-Hobson & Horn, 2017
Image Source: artskvortsova

Table discussion: Scenarios illustrating the need for anti-racism action

We'll now allocate your table to one of two different scenarios to work on for the next 15 minutes. Imagine these scenarios are happening to someone that you are close to.

Please discuss, as a whole table group, the following questions:

- ❖ How would you respond to support your colleague involved in the scenario?
 - ❖ How could you interrupt the situation or prevent it from happening in the future?
 - ❖ What changes can your ward make to support colleagues with these types of experiences
- Please identify someone who can feed back for your table group.

1. An internationally recruited nurse wants to progress in her career

An international nurse, Josy, wanted to progress in her career to become a ward manager, but:

- The leadership training was being blocked continually at the trust level, though the ward manager had asked for it to be approved multiple times for Josy.
- Josy's trust was making other training available, but not the career advancement training that she wanted so she could apply for ward manager roles.
- Her ward manager:
 - Was supportive of her taking the career advancement training.
 - Trusted this nurse to take on deputy ward manager tasks when needed.
 - Thought Josy would make an excellent ward manager one day.
- Josy felt dejected and that her career advancement was not valued at the trust level.
- Over her four years at the trust, Josy has had to train many newly qualified White nurses and has seen them progress further in their careers faster than Josy. They have moved up into Band 6 roles, while she is still at Band 5 role and pay.

2. An HCA experiences racism from a patient

The next day(s) and weeks after an incident involving racism, it is re-traumatising for the team member to see the person who was racist to them. It is also re-traumatising to have to file incident reports time after time. If your colleagues are being racially abused, they are traumatised daily.

In this scenario, Marcia, an internationally recruited Health Care Assistant, experienced racial abuse from a patient and was injured.

- The Ward Manager told Marcia that she could call the police if she wanted to.
- The police came to the ward and took statements from those involved.
- Marcia had to complete an incident report.
- The consultant, Dr. Smith, said it was the first time the patient had done it, so Marcia shouldn't take it further, and if it happens again, then maybe the ward could do something.
- Right after the incident, Marcia didn't have any time to go off ward to have space to process what had happened to her.

Calling In & Calling Out to Interrupt Prejudice

To interrupt the racism that Marcia is experiencing, someone could **call it out in the moment in a public setting**, by saying something such as:

- That comment and behaviour are not OK
- Keep your hands to yourself
- That language and behaviour make me feel unsafe and uncomfortable
- We do not tolerate that behaviour here
- I must report this, as that behaviour is against the law
- Please treat us with respect and kindness – we are working hard to support your health and recovery every day

To interrupt the racism that Marcia is experiencing, someone could **call the patient into a one-on-one conversation later**, when they have more time to discuss the behaviour, by saying something such as:

- I saw you hit Marcia and use a racist phrase involving her -- let's discuss this together in the conference room, as that cannot happen again
- Racism is against the law; we don't tolerate it here
- What happened from your point of view?
- Can you understand how racism and violence affects Marcia and the rest of the team that saw your behaviour toward her? [*Then discuss the impact...*]
- Please treat us with respect and kindness – we are working hard to support your health and recovery every day
- I must report this, as that behaviour is against the law

What is an equity pause?

An intentional opportunity to:



- Reflect and share our learning related to equity
- Remind ourselves of our shared goals/practices and
- Identify what we might do better to support health equity, inclusion, diversity, belonging, psychological safety, and more

Equity Pause Types

Spontaneous Equity Pause

“Hold on - let’s take a few minutes and discuss this further to be sure we’re considering equity.”

Planned Equity Pause

“How can we increase equity in our work?”

Inequity Waste Wheel

Use this resource to spark discussion

Determine which inequities might be at play, and interrupt them:

Violet inequities may be experienced by people without power and privilege

Blue inequities may be displayed by people with power and privilege, often unintentionally



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Anti-racism actions

- **Name racism:** Do not be complicit with racism denial
- **Ask:** How is racism operating here?
- **Identify mechanisms:** Elements of decision-making
- **Identify structures:** The Who? What? When? and Where? of decision-making
- **Policies:** The written how?
- **Practices, norms, & values:** The why? The unwritten how?
- **Who is missing from where the decision-making is taking place?** Get them involved!
- **See the absence:** Who is not at the table? What is not on the agenda?
- **What policies are not in place that could make things better?**
- **Reveal inaction in the face of need, it is how institutional racism works**
- **Organise and strategize to act: It's all about collective action**
- **Collective Action is Power!**



Your confidence with speaking up

I feel confident to speak up about behaviours that do not feel safe or comfortable.

1. Strongly agree
2. Agree
3. Somewhat agree
4. Somewhat disagree
5. Disagree
6. Strongly disagree

Join at menti.com | use code **3101 2365**

Break

Planning Your Ward's Participation in this Programme

'Get-to-know-you' Site Visits

Mid Sept to End Oct



What are our aims?

- ✓ Share information about the Programme
- ✓ Begin to build a relationship with your team, and explore your ward's strengths and potential change ideas



What are the key activities?

Over a half-day visit:

- **Staff focus groups:** With up to six frontline team members across 2 sessions, in both registered and non-registered roles
- **Service user meet and greet:** Relaxed conversation with a small number of service users
- Meeting with the **ward manager** [45 mins on the day or (preferably) on a day preceding the visit]



Call to action

- ✓ **Book your site visit**, if you haven't already
- ✓ **Raise awareness** with your team so they know who we are and why we are there
- ✓ Encourage your **ward team and service users to participate in the surveys** we will be sending out

Coaching for Teams

October to February



What are our aims?

- ✓ Support local design and impactful implementation of improvement projects, and strengthen skills to continuously improve cultures
- ✓ Advance effective and equitable ways of working together aligned to the Culture of Care standards



What are the key activities?

5 x 1-hr coaching sessions from October to February:

- Dynamic discussions to support your ward in implementing a staff care & development-focused QI project
- Virtual via Microsoft Teams



Call to action

- ✓ Identify 3-6 members of staff from your ward to take part (ideally same set from the training)
- ✓ Agree how the wider ward team, particularly the ward manager, can support the nominated team to spend 1-2 hours per week to work on the improvement project
- ✓ Identify who will be contributing to the project with lived experience

Team Coaching | Participant Feedback

“It has been such a great honour to be part of a project so beautiful, that is bringing changes to our own environment.

We are reaping some of the benefits already - communication has gotten better and the dynamics of the team have improved.”

- Team coaching participant

Success factors | Tips for Team Coaching



Starting Strong

- A **small, consistent project team** makes it easier to drive progress
- Involve **lived experience** representation **early and consistently**
- Design the project to include **service user input**

Getting Buy-In

- Facilitate **psychologically safe spaces** to discuss challenging topics and address issues
- **Empower junior staff** to grow passionate agents of change
- Update the **wider team** openly and frequently to build buy-in

Enhancing Implementation & Sustainability

- Bring the **manager or deputy** into the project team to support **rapid implementation**
- **Loop in your QI team** to connect the work to wider resources
- Set up a **forum to share learnings** among all Culture of Care wards in your org.

Individual Coaching | Overview



Coaching is informed by our shared values of belonging, openness, quality, and equity. Our aim is to build equitable partnerships as peers with coaching clients, so they feel supported.

Coaching for Individuals

October to February



What are our aims?

- ✓ Provide a space for **individuals to openly focus on personal development or their own ward projects**
- ✓ Provide **unstructured space** for any staff member on participating wards – these are particularly beneficial for those with some form of leadership responsibility (even informal leadership)



What are the key activities?

- ✓ **Up to 8 hours per ward**
- ✓ **Virtual, 1-hour sessions for any staff member**
- ✓ **Discuss projects or topics that are important to you for your own development or to support the ward staff**



Call to action

- ✓ **Ward managers:** Identify a day and time of the week for a recurring individual coaching session for 8 weeks, with a private room & computer with MS Teams
- ✓ **Create a sign-up sheet** on your ward so people can opt into one of the 8 sessions
- ✓ **Individuals can also book a coaching session at a different, mutually agreed time** via their ward's programme coach

Individual Coaching | Participant Feedback

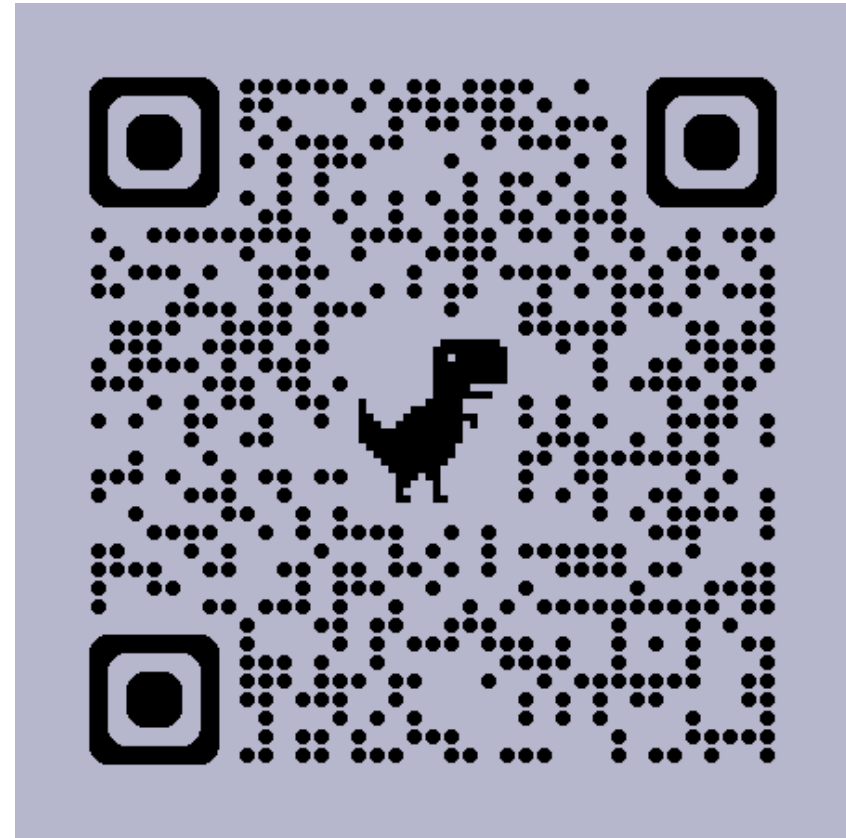
“I found the coaching session really valuable...

I've come through feeling really competent to carry on
and do more on my long 'to do' list.”

- Individual coaching participant

Please express interest in individual coaching

- Takes about 2 mins to complete.
- You can also speak to any of the coaches about individual coaching.



<https://forms.gle/PMBx6dTJBrV4Dm4y8>

Reflective Practice



What are our aims?

- ✓ Upskill nominated staff in **facilitating reflective practice sessions** (*They don't need to be running a group already*)
- ✓ Support wards in **regular, meaningful reflective practice** with a facilitator external to their ward (*Nominees already running groups can consider how to strengthen the group*)



What are the key activities?

A 2-day online foundational course led by IGA (9 a.m. to 4:30 p.m.)

- One nominee from your team attends on either **17th and 24th October; 27th and 30th October; or 10th and 13th November**
- Support for the nominee in running regular reflective practice

Fortnightly group supervision to discuss progress, share challenges and offer support

October to February



Call to action

- ✓ **Identify one suitable staff member** to participate in the reflective practice training
- ✓ Plan for how to **create protected time for the nominee** to regularly facilitate reflective practice between November 2025 - February 2026
- ✓ As a ward, consider **how you will integrate regular reflective practice sessions** into your existing routines, and how to make it as easy as possible for staff to attend

Reflective Practice | Participant Feedback

“The new reflective practice group has been ‘instantly appreciated’ by the staff, helped to strengthen our culture and relationships, and provided space for the team to work through some past traumas.”

- Educator and selected RP facilitator

Call to Action Summary

- ✓ Share your insights and resources from today with your ward staff
- ✓ Book your '**Getting-to-know-you**' site visit, if you haven't already done so
- ✓ Book your **team coaching and individual coaching sessions** from Oct. to Feb., with your coaches.
- ✓ Identify your ward's team coaching participants (3-4 people) and individual coaching participants (4 people)
- ✓ Display the **staff snapshot survey** and **patient snapshot survey posters** in your wards (*posters to be sent with workshop materials after today*)

Questions? Email CultureofCare@ThePSC.co.uk

Summary & Feedback

Illustrated Workshop Summary

Thank you!

Share your thoughts & photos using [#cultureofcare](#) [#staffcareanddevelopment](#)

Appendix:

Example Participant Journey in this Programme

Example | Programme participant journey

