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England

The PSC

Culture of Care: Staff Care and Development

Final Report - Executive Summary

April 2026

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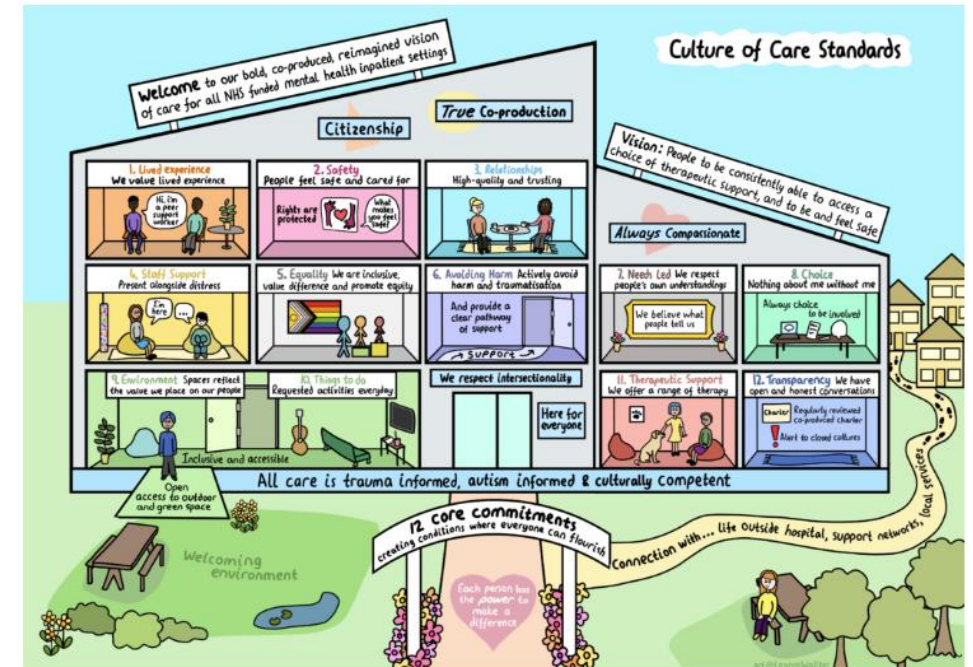
Aims of the programme and overview

NHS England delivered the Culture of Care Programme, **made up of six strands**, to support mental health providers in England in improving the culture of wards serving people with mental health diagnoses, learning disabilities, and autistic people. **The programme aimed to make wards safer, more therapeutic, and more equitable places to be cared for, and more fulfilling places to work.**

Through the **Staff Care and Development strand**, we have focused on creating reflective spaces and making practical changes to strengthen staff culture. From Sep 2024 to Mar 2026, we have supported inpatient ward staff across both NHS and independent providers to **develop team cultures and systems that help everyone on the ward feel safe, supported, and cared for.** This work has included improving high-quality relational care, positive informal interactions on the ward, and psychologically safe environments.

Three cohorts of c. 60 wards received 6 months of support. The support included training in reflective practice facilitation followed by supervision; team coaching to plan and deliver a project to improve culture; training on improving cultures of care; individual coaching for ward teams; and communities of practice.

The delivery partners on the Staff Care and Development Strand of Culture of Care were The PSC, IGA, VMI, Imroc and InHealth.



The Culture of Care Standards

There is strong evidence of a positive impact on staff confidence, culture and change capability from this programme.

The programme strengthened teams' confidence, capability, and momentum to change their ward culture.

Team coaching increased confidence across key capabilities:

Increase from **63%** to **92%** in staff confidence to design and deliver improvement projects

Increase from **75%** to **96%** in staff confidence that they have the skills to improve ward culture from within

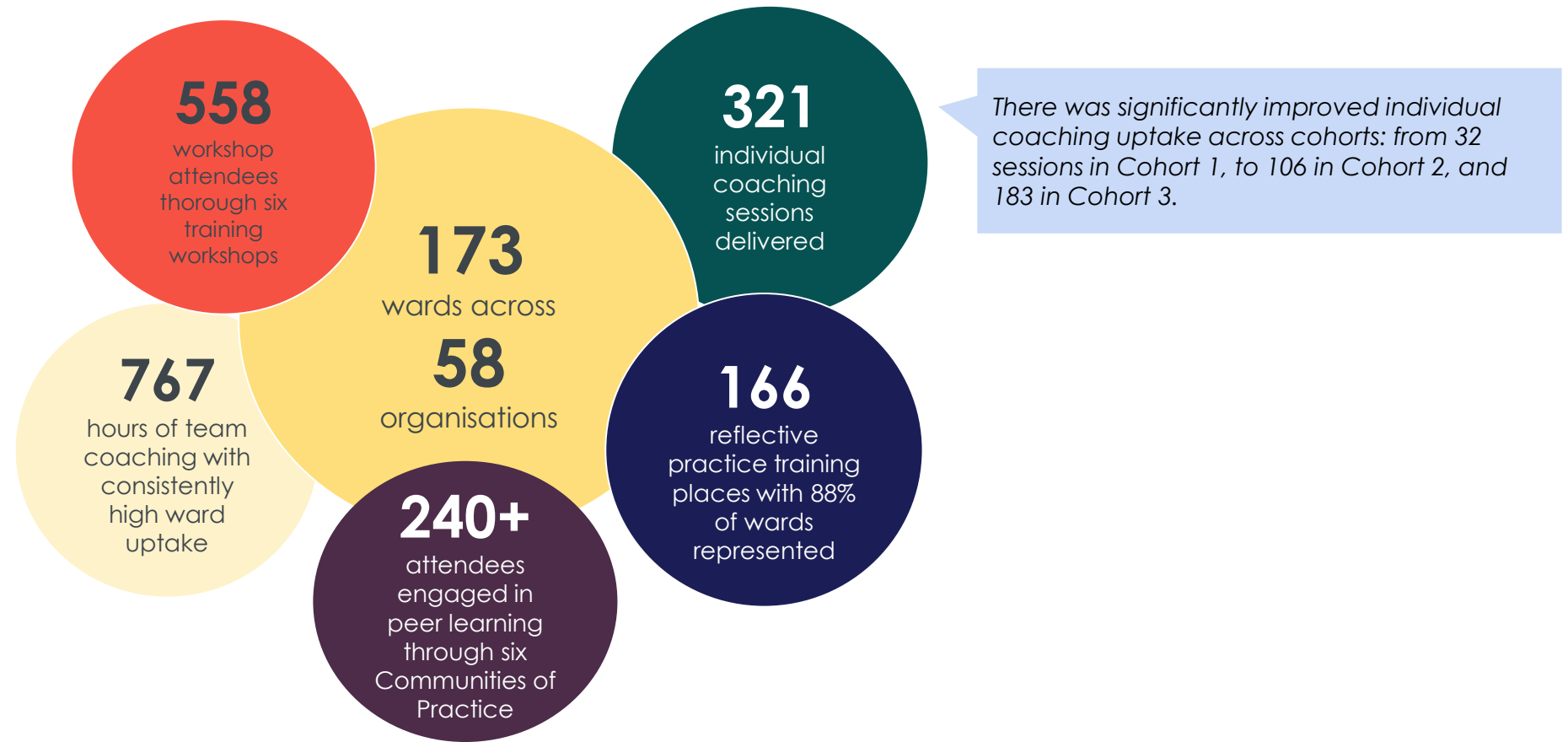
Increase from **69%** to **93%** in staff confidence with meaningfully involving people with lived experience ¹

Teams moved from ideas to action: by the end of the programme, 48% of projects had reached implementation and 12% were embedded into daily ward routines ². These projects were focused positively changing culture through shifts such as improving high-quality relational care, making wards more psychologically safe, and increasing positive interactions on the ward.

Participant feedback described the programme as *“impactful and successful in making changes happen”* and making *“Such a big difference – I wish all our wards were doing it.”*

This was a high-impact programme delivered at scale nationally.

This has been a high-reach and high-engagement programme with effective delivery across inpatient mental health settings.



This programme was delivered at scale, on time, and with strong participation across the multiple components of support offered.

What we've learned about ward culture, strengths and challenges of teams, and what they need



On **Agency of the team**: connection to management and senior leaders, staffing levels, and access to QI support were key factors affecting wards' ability to take initiative in making change. Where these were positive, wards were more able to see through culture improvement initiatives.



On **Belonging and psychological safety**: steep power dynamics, inconsistent support, and blame cultures negatively impacted belonging and safety on some wards. Where wards created protected spaces for debrief, reflection, and communication, teams were better able to build trust and team cohesion.



On **Co-production capability**: some wards were not yet meaningfully involving people with lived experience, often because they were early in their co-production journey and lacked the confidence or practical support to do so. The programme supported some wards to identify and implement more creative and meaningful approaches, sometimes for the first time, which built better relationships with service users and between staff.



On **Delivering cultural change**: teams were better able to make progress where they had a clear focus, early engagement from the wider staff team, and space for reflection and collective learning. Delivery was harder where there was scepticism about change, limited shared understanding of culture, financial pressure, or ward instability.



On **Equity, diversity and Inclusion**: Some staff reported experiencing racial abuse from service users, and we heard from some teams where harmful racial dynamics existed, ranging from subtle exclusion to overt discrimination. In some cases, these experiences had become normalised or were not adequately addressed. This highlights the need for stronger, consistent support to enable wards to discuss, report, and respond to racism appropriately.

Impact of the programme on patient safety

The link between improved staff care and patient safety is already well evidenced. As this programme improved staff care and development, it also positively impacted patient safety.



Psychological Safety

Patient safety is improved by increased psychological safety on wards. *Civility Saves Lives* describes psychological safety in healthcare as foundational to openness, teamwork, and patient safety, and links incivility to impaired team performance and compromised care¹. Projects initiated on our programme to improve this have included:

- Introducing 'warm welcome' to staff beginning shifts
- Wellbeing check-ins at the start and end of shifts
- Empathy training and positive communication techniques
- Gratitude and appreciation initiatives within teams



Lived Experience and Patient-Centred Care

When we understand patient safety through a lived experience lens, safety is shaped not only by the management of risk but also by therapeutic relationships, culture, opportunities for meaningful self-development and expression, and whether people are treated with dignity and respect. Work on our programme to address this, included:

- Additional rostered staff for out-of-hours activities with service users
- Creating multicultural and anti-racism boards
- Formulation sessions to understand service user backgrounds



Autonomy, Belonging and Contribution

Research from the King's Fund suggests that for staff to flourish, thrive and provide high quality care the core needs of autonomy, belonging and contribution (ABC) must be in place². Our programme directly increased staff ABC with ward projects such as:

- Introducing daily huddles and intentional pauses
- Providing reflective spaces to make opportunities for expressions of appreciation and reflection on the shift

There was an increase from 69% to 93% in staff feeling confident involving people with lived experience in co-producing change on this programme. NHS England's 2023 literature review found that involving people with lived experience in co-production is consistently linked to improved experience of care, alongside gains in service efficiency and clinical outcomes.³

¹ [Psychological Safety | Civility Saves Lives](#)

² The Courage Of Compassion: Supporting Nurses And Midwives To Deliver High-Quality Care. The King's Fund.

³ NHS England. How co-production is used to improve the quality of services and people's experience of care. 12 April 2023.

Impact of the programme on productivity

The link between improved staff care and productivity is well evidenced. This programme improved staff care and development, positively impacting productivity.



The Cost of Incivility

Mental health inpatients wards can be under-resourced, high pressure, high stress environments, where staff are supporting people at their most distressed. These environments, alongside individuals behaviour, can lead to episodes of incivility.

Civility Saves Lives highlights the cost of incivility, with research¹ showing that when someone is rude to them:-

- **38%** of people reduce the quality of their work
- Even witnesses experience a **20%** decrease in performance
- Creating group norms and rewarding positive behaviour can be powerful tools to combat incivility.

Many wards on this programme did this: co-creating team charters with behavioural standards the team have signed up to, and co-defining shortlists of qualities or values the team want to embody or. Initiatives such as “stars of the month” or “gratitude” recognition boards also sought to do similar.



Building Better Teams

- We captured anecdotal evidence from a number of wards seeing **reduced numbers of incidents** and **reduced staff sickness**.
- **Melstock Ward (Dorset Healthcare University NHS Foundation Trust)** worked to improve therapeutic relationships between staff and service users through weekly “Culture of Care Days” where staff and service users take part in activities together off the ward. Over the year following this the ward recorded many fewer incidents, and improved staff wellbeing reflected in fewer sick days and improved staff retention.
- **Assessment Ward, Forest Lodge (Sheffield)**, worked to improve staff wellbeing and reduce burnout through enhanced support for all staff, including introducing a wellbeing board, wellbeing champions, a peer support buddy system, and daily wellbeing check-ins. Over the period following this, staff morale improved, colleagues reported feeling more supported and valued, and the ward developed a more open and trusting culture. There was a noticeable reduction in staff sickness, improvement in staff retention, and increased applications for new posts.

“Such relatively minor acts can be even more insidious than overt bullying, because they are less obvious and easier to overlook — yet they add up, eroding engagement and morale.”¹

Quick things every ward can do to improve ward culture (1/2)

These quick changes improve psychological safety and informal positive interactions on wards for staff:

1

Staff wellbeing check-ins

Add a brief, structured staff check-in at shift handovers (e.g., “one word for how you are” and “any support needed today?”). Keep it time-bound and focused on immediate wellbeing/safety of staff, with a clear route for follow-up. Including a check-in at supervisions.

2

Staff recognition

Add a routine to a regular meeting for expressing gratitude and positive feedback. Implement thank-you cards or similar, displayed on the ward. Use organisational “Star of the Month” programmes to nominate colleagues and leaders for their contributions.

3

'All about me' boards

Create a visible board displaying information about both staff and patients together, to share non-clinical, person-centred details to support connection and respectful communication.

4

Asset & skills mapping

For both staff and service users. A quick way to identify people's strengths and interests, not just their role or diagnosis. Use the map to match people to activities, broaden opportunities and recognise contributions across the team.

Quick things every ward can do to improve ward culture (2/2)

These quick changes improve psychological safety and informal positive interactions on wards for staff:

5

Protect basic needs

Make toilet breaks, food, drinks, rest and quiet space routine and protected. Agree break expectations, ensure cover for breaks and keep access to water and food straightforward during shifts. This signals that staff wellbeing is taken seriously.

6

'You said, we did'

Create a simple display showing: what was raised, what action was taken, and by when. This closes the loop so staff feel heard and know what has happened.

7

Safe spaces for reflection

Set up regular, protected time where staff can reflect on experiences, name pressures, and support each other. Facilitate with ground rules, confidentiality and respectful listening. Trust takes time to build, so consistency matters.

8

Display a 'clear expectations of behaviour' poster on the ward

A visible reminder of expected behaviour standards (e.g., zero tolerance to racism or against abuse), linked to what will happen if boundaries are crossed. Helps staff enforce standards without relying on personal confrontation alone.

Practical toolkit for ward teams

In working with 58 organisations across 173 ward teams across the programme, we identified a number of **common challenges** experienced across wards nationally.

These included:

- **Availability of meaningful activities for patients**
- **Racism and cultural awareness**
- **Staff wellbeing and support**
- **Team communication and engagement**

The following slides highlight examples of how individual wards have successfully addressed these challenges. All of these examples can contribute to improving relational care, psychological safety and informal positive interactions on wards.

Practical toolkit for ward teams: Interventions to enhance meaningful activities for service users

Recommendations of ideas/ projects wards could try:

1

Patient-requested activity programme

Develop a varied patient-requested activity programme across the day based on what service users are interested in, including opportunities outside usual activity times. Co-produce this with service users.

2

Create flexible, low-resource activities

Use simple resources and ready-to-use ideas so activities can still happen when time or staffing is limited e.g. pre-made activity boxes with easy-to-read and visual instructions.

3

Introduce an activities weekly planner

Use rotas and weekly planners to make activities more consistent, visible and tailored to patients. Co-create and design these with service users at Community Meetings and similar.

4

Encourage sharing of skills as activities

Create opportunities for staff and service users to share skills, hobbies and interests within your activity programme to strengthen relationships and community on the ward.

5

Build confidence, skills and independence

Use shared activities to refresh service users' everyday skills, develop and re-visit hobbies and help prepare service users for returning home e.g. cooking.

6

Handprints poster for connection

Introduce a 'Handprints' poster to help people get to know each other. Invite staff and service users to share fun facts, likes and dislikes, updating it regularly as new people join the ward or interests change.

Practical toolkit for ward teams: Interventions for racism and to enhance cultural awareness

Recommendations of ideas/ projects wards could try:

1

Develop anti-racist ward approach

Use staff feedback, incident reviews, team conversations and visible ward actions to identify concerns, agree priorities, and actively strengthen the ward's response to racism. Re-visit this frequently.

2

Peer support for staff

Create peer support for staff affected by racist abuse. Set up named peer supporters across roles and shifts so staff always have a specified safe space to talk and get support after incidents.

3

Introduce anti-racism training

Introduce anti-racism training for staff and service users. Use training, posters and shared discussions to build confidence in speaking up to racism and supporting colleagues and peers.

4

Improve response after racist abuse

Introduce clear reporting routes, immediate post-incident check-ins, clear response flowcharts and named support contacts. Ensure regular peer and manager led follow-up with staff after incidents.

5

Use displays to promote awareness

Create multicultural, anti-racism or Equity, Diversity & Inclusion boards on the ward to share information, increase understanding and keep inclusion visible. Signpost service users and staff to these as appropriate.

6

Celebrate cultural diversity

Use cultural events, shared food celebrations, themed monthly celebrations, culture weeks or "getting to know you" boards to help staff and service users learn about each other's culture & backgrounds.

Practical toolkit for ward teams: Interventions for staff wellbeing & support

Recommendations of ideas/ projects wards could try:

1

Introduce staff wellbeing check-ins

Introduce a brief check-in during shift handovers to understand how staff are feeling and identify who may need extra support e.g. a visual daily check-in board using a traffic light system.

2

Create staff wellbeing resources

Introduce Wellbeing Champions (with training) and 1:1 peer support/buddy systems so staff know who to speak to and how to access help more easily. Create visual wellbeing boards for available wellbeing support.

3

Staff recognition and appreciation

Introduce practical ways to recognise staff contributions, e.g. star of the month and 'thank you' boards. Share positive feedback and celebrate good work regularly so staff feel valued, noticed and listened to.

4

Strengthen support after incidents

Introduce immediate debriefs, time out, tea or coffee breaks, psychologist drop-ins, extra check-ins and clear post-incident processes so staff feel supported and not left to cope alone.

5

Staff wellbeing away days

Introduce regular staff wellbeing away days to enhance team culture, strengthen relationships, gather staff ideas and build team morale. Create dedicated time for wellbeing and team-building.

6

Improve staff break spaces

Develop staff rooms, sensory or soothe spaces and practical break room resources so staff have somewhere to rest, decompress, reflect and reset during or after difficult shifts.

Practical toolkit for ward teams: Interventions to enhance team communication

Recommendations of ideas/ projects wards could try:

1

Introduce mid-shift team huddles

Using co-designed prompt questions to check in on staff wellbeing, staff support needs, shift pressures and breaks. Regular fixed huddle times improve attendance e.g. 11am and 6pm.

2

Start or restart team away days

Use away days to bring staff together, improve understanding between roles, strengthen team relationships, and support more open communication.

3

Create at-a-glance communications

Use clear visual prompts to highlight the day's staffing, key tasks, priorities and important ward updates e.g. whiteboard in handover room or a live communications book. Update these daily.

4

Increase roles involved in MDTs

Involve HCAs, peer support workers and nurses more routinely in MDT meetings and ward rounds so communication and decision-making are shared across the team and remain patient centered.

5

Establish regular team meetings

Use weekly or monthly meetings/forums so staff can raise issues, share ideas, and improve communication across staff groups.

6

Improve feedback loops and visibility

Create clear ways for staff to raise ideas and concerns. Make feedback actions visible so people know feedback has been heard and acted upon e.g. a 'you said, we did board.'

Recommendations for NHSE / DHSC and providers

Prioritise co-producing culture change on inpatient wards

This approach **is proven to shift** intractable challenges such as improving relational care; improving staff wellbeing; tackling racism; helping everyone feel included; increasing activities; and reducing incidents and staff sickness. There is now **further work to do** on all of these areas in every provider organisation, building on the impact of Staff Care and Development.

The key elements of our approach were:

1. **Enable wards to meet regularly in a coaching space to co-produce ideas** for the change most needed on their wards, with colleagues from across the team and with **lived experience input** - this in itself will improve relationships on wards
2. Provide **individual coaching to frontline staff** which helps them gain agency and confidence to take action and make desired changes
3. Take a **relational and supportive approach**, focused on creating **psychological safety** within the Culture of Care team on the ward, which can then spread outwards to the wider ward

Practical implications for NHSE/DHSC

- Build expectations for co-producing cultural change with wards and the core basics of supporting good ward culture into **commissioning specifications**
- Take a **relational and supportive** approach with providers to amplify shifting culture from the bottom up, rather than performance-managing cultural change from the top down
- **Share the learning** from this programme at a national level and continue to facilitate knowledge-transfer and a movement around cultures of care

Practical implications for providers

- Take a **coaching and co-produced approach** to supporting change on wards, ensuring it can be **locally led** by frontline teams and **centrally supported** by executive sponsors and QI leads
- **Review the ideas for change in our list of quick wins and project directory** and give these to wards as inspiration
- Follow up with your wards that have taken part in Culture of Care to support **sustaining their process of improvement** and ensure they share their learning with the wider organisation - e.g. by coaching other teams