

The PSC



Improving cultures of care to transform productivity and safety

Evidence of what works to transform culture from work with 163 ward teams nationally

INCLUDES PRACTICAL TOOLKIT FOR WARD TEAMS



CONTACT

Rachel Lewis
Senior Manager,
The PSC

Harris Lorie
Associate Partner,
The PSC

When staff feel cared for, safe, valued and able to grow, patients receive better care.

Mental health services are, in many senses, the people that deliver them. This paper makes the case, grounded in evidence from 163 inpatient wards, for treating staff care and development as core safety and productivity infrastructure, not as an optional wellbeing offer.

Mental health inpatient wards face persistent pressures: staff shortages, high turnover, hierarchical dynamics, traumatic incidents, racism, and disconnection from senior leadership. These directly undermine care quality. The evidence is unambiguous: incivility reduces performance, poor working conditions cost millions of lost working days, and racism is present in too many ward teams.

We are calling for providers to treat staff care and development as core safety and productivity infrastructure, to back locally-led culture change with executive sponsorship, and to support wards to co-produce culture change themselves.

63% → 92%

Of staff reporting they were confident to design and deliver improvement projects.

48%

Of co-produced ward culture improvement projects reached implementation by programme end.

163

Mental health inpatient wards supported across the programme.

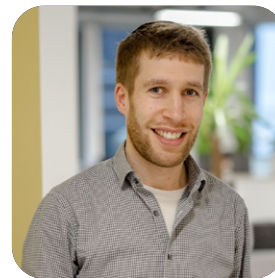
Ready to improve cultures of care?

A conversation with our team can help you identify where to start, which wards to prioritise, and how to turn the learning in this paper into a practical next step for your organisation. We work with trusts to design and deliver staff care programmes that are locally-led, evidence-based, and built to last.



Rachel Lewis – rachel.lewis@thepsc.co.uk
Senior Manager, The PSC

Rachel brings enthusiasm and drive for improving outcomes and tackling inequalities to her project work. She has a particular interest in co-production and community power approaches to transform health and care.



Harris Lorie – harris.lorie@thepsc.co.uk
Associate Partner, The PSC

Harris specialises in programme leadership, organisation development and transformational improvement. He has dedicated his career to improving public and community services, with deep experience in mental health.

The PSC is calling for providers to improve cultures of care through staff care and development

Mental health services are, in many senses, the people that deliver them. When staff feel cared for, safe, valued and able to grow, they are better able to help services users feel the same. They can build effective therapeutic relationships and support recovery. This is the foundation of a safe and productive inpatient stay.

As a route to safer and more effective care in mental health inpatient wards, The PSC is calling for providers to improve cultures of care through staff care and development. This paper is intended to help providers translate the current [National Culture of Care Standards](#) into practical action through staff care and development on wards.

// Culture of care has made such a big difference - I wish all our wards were doing it! It's really improved relationships.

– Programme Participant

SECTION 02 – STRONG CULTURES OF CARE DON'T EMERGE BY ACCIDENT

Strong Cultures of Care Don't Emerge by Accident

Building a strong culture of care on inpatient wards is difficult. Teams face persistent pressures including staff shortages, high turnover, hierarchical dynamics that reduce agency, traumatic incidents, racism and discrimination, and communication challenges within shift-based working. Many teams also feel disconnected from their provider's senior leadership, reducing their feelings of agency.

Where culture is strong, however, wards become effective, safe and cohesive teams able to sustain high-quality care despite pressure. The opportunity is for a mental health inpatient ward to become a supportive and life-affirming place to work, providing care that transforms outcomes. The question is how to achieve this consistently.

Our proposed answer is investment in staff care and development to enable wards to co-produce locally-led cultural change, supported by clear executive leadership and central quality improvement resource.



The Evidence: Happy Staff Are More Productive and Provide Higher Quality Care

A strong culture of care improves quality, productivity and safety. Evidence shows that incivility reduces performance, with a 38% drop in work quality for those who experience incivility and a 20% decline among witnesses. Research from the King's Fund shows that nursing staff need autonomy, belonging and contribution to deliver high-quality care. In 2024/25, 22.1 million working days were lost to stress, anxiety and depression nationally.



38%

Drop in work quality for those who experience incivility at work.

20%

Decline in performance among those who witness incivility.

22.1m

Working days lost to stress, anxiety and depression nationally in 2024/25.

PROGRAMME FINDING, COHORTS 2 AND 3

26% of ward teams reported experiencing racism.

This figure is likely to be higher in reality, as not all staff will have felt safe to disclose their experiences to outside visitors and we were not able to interview all staff on the wards we visited.

Co-Producing Culture Change: Methodology and Results

From Sep 2024 – Mar 2026, we offered staff care and development support to 163 mental health inpatient wards. Support included training, group coaching, individual coaching for frontline staff, and support to facilitate reflective practice. Our methodology was fully co-produced and co-delivered with experts by experience.

ABOUT THE PROGRAMME

PROGRAMME PERIOD

September 2024 to March 2026.

SUPPORT OFFERED

Training, group coaching, individual coaching, reflective practice facilitation training and supervision, communities of practice.

WARDS SUPPORTED

163 mental health inpatient wards.

CO-PRODUCTION

Fully co-produced and co-delivered with experts by experience.



Defining elements of our approach:



No performance measures. Wards defined for themselves what good looked like and what was realistic for them.



Executive support from the start. Each ward had an executive sponsor available throughout to help unblock issues.



Lived experience throughout. All coaching was delivered in partnership with a coach with lived experience and our programme leadership included lived experience.



A relational approach. Wards got to know their support team and built relationships across colleagues throughout.



Individual coaching for frontline staff. This empowered frontline staff and unlocked agency to deliver change and improvement.

Measurable improvement in staff confidence

This approach led to a wide range of culture improvements and measurable improvement in staff confidence in leading change.

63% to 92%

Of staff reporting they were confident to design and deliver improvement projects.

75% to 96%

Of staff reporting they have the skills to improve ward culture from within.

69% to 93%

Of staff reporting they were confident to meaningfully involve people with lived experience.

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.

Case studies

CASE STUDY: STAFF WELLBEING

Improved morale, open culture, and recruitment strong enough to require shortlisting

One ward co-produced and implemented an enhanced wellbeing support offer, including a staff wellbeing board, wellbeing champions, a peer support system and a daily check-in. Staff reported improved morale, a more open ward culture, and improved attendance and retention. Recruitment improved to the point where the ward had to start shortlisting applicants.

CASE STUDY: THERAPEUTIC RELATIONSHIPS AND ACTIVITIES

Fewer incidents, fewer sick days, improved retention, and greater reassurance for carers

Another ward focused on improving therapeutic relationships and activities. The team introduced weekly Culture of Care Days, whereby staff and service users take part in meaningful activities together off the ward, including cycling, horse riding, and shared meals. The ward reported fewer incidents, fewer sick days, improved staff retention and greater reassurance for carers.



There's no way we can go back now from the progress we've made.

– Programme Participant

Recommendations

1

Staff care and development should be treated as core safety and productivity infrastructure

Not as an optional “nice to have” offer. When wards are supported to improve their culture, staff confidence, staff wellbeing and retention and quality of care improves, with direct benefits for safety, productivity and patient experience.

2

Providers must support wards to co-produce culture change themselves

Wards are best placed to develop ideas for change to improve their cultures, with support to make sure they tackle the difficult issues. Culture change requires explicit action to address hierarchy, blame, racism, and weak co-production. This complements guidance on PCREF and trauma-informed care.

3

Co-production must be both locally-led and centrally supported

There must be a clear connection between the wards working on change and executive support and QI resources. Wards need support from senior leadership to unblock issues, access resources and spread initiatives. Supportive input from executives is encouraging and motivational. It demonstrates that the organisation values improvement work and increases feelings of agency.

“ I’m all in with the Culture of Care. It really underpins the reason why we come to work every day [...] It really motivates people and you can see the benefit.

– Programme Participant



SECTION 07 – NEXT STEPS

Today

Review the ideas in this paper and consider how far these practices are already present across wards in your organisation.

Next Week

Convene a short session with ward leaders and QI leads to agree a simple trust-wide approach for supporting frontline-led culture change.

Next Month

Allocate resource and formally launch a small-scale rollout of 3 to 5 wards with clear executive sponsorship, local ownership, and a plan to scale.

Practical Toolkit for Ward Teams

The following pages bring together what works, co-produced with ward teams across all cohorts. Some are quick wins any ward can try this week. Others are starting points for ideas to tackle specific challenges.

Quick Wins: 8 high-impact changes for any ward



Specific Challenge: Activities for Service Users



Specific Challenge: Communication



Specific Challenge: Racism and Cultural Awareness



Specific Challenge: Staff Wellbeing and Support



8 Quick Wins for Ward Culture

Small-scale and high-impact changes co-produced by ward teams. Any ward can begin with one of these this week.

01 Wellbeing check-in at handover

Add a brief, structured check-in as part of handover (e.g. "one word for how you're arriving" and "any support needed today?"). Keep it time-bound and focused on immediate wellbeing/safety, with a clear route for follow-up on concerns. Including a wellbeing check-in at supervisions further supports individual wellbeing.

02 A process for recognising good work

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 or the month" programmes to nominate colleagues and leaders for their contributions.

03 'All About Me' display boards

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

04 'You Said, We Did' boards

A simple display showing what was raised, what action was taken, and by when. Closes the feedback loop so staff feel heard.

05 Protect staff's basic needs

Make toilet breaks, food, drinks and quiet space routine and protected. This signals staff wellbeing is taken seriously. Practical examples include agreeing break expectations, ensuring cover for breaks and keeping access to water and food straightforward during shifts.

06 Asset and skills mapping for staff and service users

Identify people's strengths and interests beyond their role or diagnosis. This is a quick way to identify people's strengths and interests, not just their role/ diagnosis. Use the map to match people to activities, broaden opportunities, and recognise contributions.

07 Safe spaces for reflection

Set up regular, protected time where staff can reflect on experiences, name pressures, and support each other, facilitated in a way that encourages psychological safety (ground rules, confidentiality, respectful listening). Trust may take time to build, so consistency matters.

08 Zero-tolerance for racism and discrimination poster on the ward

A visible reminder of expected standards of behaviour, linked to what will happen if boundaries are crossed, makes it simpler for staff to point to the policy in the moment, so enforcing standards doesn't rely on personal confrontation alone.

What Works for Specific Challenges

These ideas were co-produced by ward teams working on specific challenges. Use them as a starting point for your own co-production.

Activities for Service Users



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.



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.



Weekly activities 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.



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.



Build confidence, skills and independence. Use shared activities to refresh service users' everyday skills, develop and revisit hobbies and help prepare service users for returning home e.g. cooking.



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.

Communication



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.



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



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.



More roles involved in MDTs. Involve HCAs and nurses more routinely in MDT meetings and ward rounds so communication and decision-making are shared across the team and remain patient centered.



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



Visible feedback loops. 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.'

Racism and Cultural Awareness



Develop an 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. Revisit this frequently.



Peer support for affected 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.



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



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.



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.



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.

Staff Wellbeing and Support



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.



Wellbeing resources and champions. 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.



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



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.



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.



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.



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

– Programme Participant

GET IN TOUCH

Ready to improve cultures of care?

A conversation with our team can help you identify where to start, which wards to prioritise, and how to turn the learning in this paper into a practical next step for your organisation. We work with trusts to design and deliver staff care programmes that are locally-led, evidence-based, and built to last.



Rachel Lewis

Senior Manager, The PSC
rachel.lewis@thepsc.co.uk



Harris Lorie

Associate Partner, The PSC
harris.lorie@thepsc.co.uk