


Safety in Mental Health Settings Project Evaluation

Appendices



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1. Appendix 1: Questionnaires and demographic information

The See Think Act, LEAD Safely, and community of practice questionnaires were developed based on the training content, the trainers delivering the programmes, and co-designed with Lived Experience Advisors. The NoMAD questionnaire^{1,2} is a validated questionnaire that was adapted based on the different training programmes.

1.1 See Think Act facilitator training programme

1.1.1. Pre-training questionnaire

See Think Act Framework Facilitator Programme

Pre-training Questionnaire

The National Collaborating Centre for Mental Health (NCCMH) have been commissioned to evaluate the See Think Act Framework Facilitator Programme. The aim of the evaluation is to see what aspects of the training have worked well and where improvements can be made for the future.

The purpose of this questionnaire is to help us understand your experience with the See Think Act Framework. You will be asked similar questions when you have completed the See Think Act Framework Facilitator Programme to help us see how effective it has been. All questionnaires will be kept confidential and your responses will be compiled with others who are attending the See Think Act Framework Facilitator Programme.

Thank you for your time, the NCCMH Evaluation Team.

Please answer all of the following questions.

1. Date of training
2. Gender (optional) (Select your answer)
3. Ethnicity (optional) (Select your answer)
4. If you selected other ethnicity, please state
5. Job role
6. Time working in inpatient mental health
(options: *Less than 1 year, 1-5 years, 6-10 years, 11+ years*)
7. Have you had any previous experience with the See Think Act Framework? Yes/No

Please describe any previous experience that you have had with the See Think Act Framework

Learning Quiz

The following statements relate to the See Think Act Relational Security Framework and your understanding of the relevant topics.

8. Which of the following statements are TRUE about relational security (select all that apply)?
- a) **Relational security is translating the knowledge and understanding that staff have about a patient into appropriate responses to care.**
 - b) Relational security is just staff having a good relationship with patients.
 - c) Relational security is about the number of staff on the ward.
 - d) All of the above
9. Which of the following statements are TRUE about how you can improve relational security on the ward in the context of setting boundaries on the ward (select all that apply)?
- a) Being consistent when making decisions about boundaries means making the same decision every time.
 - b) **Boundaries, and the reasons for them, should be clearly communicated to patients.**
 - c) All boundaries set on the ward should be non-negotiable.
 - d) All of the above.
10. Which of the following statements are NOT true about how you can improve relational security on the ward in the context of therapy (select all that apply)?
- a) Staff should proactively engage with patients to find ways to help support them to manage their recovery.
 - b) Patients should have a clear care plan with health outcomes that are reasonable and measurable.
 - c) Staff should be positive role models on the ward.
 - d) **None of the above.**
11. Which of the following statements are NOT true about how you can improve relational security on the ward in the context of patient mix and dynamic (select all that apply)?
- a) **Continuity of care is very important and patients should not be moved from one clinical area to another.**
 - b) **Staff should not act on their suspicions that patients acting in a subversive way until completely sure.**
 - c) Understanding what is really happening on the ward may rely on gathering information from outside of the clinical team.
 - d) All of the above.
12. Which of the following statements are TRUE about how you can improve relational security on the ward in the context of a patients personal and physical environment (select all that apply)?
- a) Knowing about a patient's history can help understand and anticipate how some events or behaviours might affect them.
 - b) It is important to communicate with the team during the shift and handover about what you have noticed about a patient.
 - c) Encourage patients to take pride in their living environment and show respect for the other people who share their space.
 - d) **All of the above**

13. Which of the following statements are NOT true about how you can improve relational security on the ward in the context of patient's visitors (select all that apply)?
- a) Provide visitors with information they need before before the visit, including information about the service and what it aims to achieve.
 - b) All visitors have the best interests if the patient at heart.**
 - c) If you have any misgivings about a visitor wait until after the visit to act on them.**
 - d) None of the above
14. Which of the following statements are NOT true about how you can improve relational security on the ward in the context of patient's outward connections (select all that apply)?
- a) Patients contact with the outside world is a privilege that they must earn.**
 - b) Develop clear management plans for when patients have leave or for when they connect on-line
 - c) Ensure patients understand the consequences of escaping, absconding or failing to return.
 - d) None of the above
16. The following statements relate to the course objectives. Please rate each one using the scale

1 = very low, 2 = low, 3 = average, 4 = high, 5 = very high;

	1	2	3	4	5
Amount of knowledge of the relational security framework					
Level of familiarity with the learning and practice outcomes desirable for staff at all levels of mental health trusts					
Amount of understanding of the breadth of relational security within the wider organisational strategy					
Amount of understanding of opportunities to deliver connected strategies (either fully or in part) through the application of strong relational security approaches					
Level of familiarity with the See Think Act resource					
Amount of confidence to use the See Think Act resource in the organisation where you work					
Level of ability to consider and utilise the opportunities for co-design and co-delivery of relational security strategies with other experts (such as other professional experts, service users and external stakeholders).					
Amount of confidence to facilitate discussions with staff at all levels on subjects covered by the relational security framework					
Level of ability to empower staff to create safe environments by taking considered therapeutic judgements					

Level of ability to plan creative, flexible and inspiring sessions with individuals or teams on a formal or informal basis on strategies for improving relational security.					
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17. Please tell us about your plans to use the See Think Act Relational Security Framework in your job role.....

18. Please tell us what you hope to achieve by completing the See Think Act Facilitator Programme.....

19. Any other comments that you would like to make

20. As part of the evaluation of the See Think Act Facilitator Programme, the NCCMH would like to arrange focus groups with people who attended the training programme. The focus groups will present an opportunity for the NCCMH Evaluation Team to hear more about your experience of the training and your plans for using the what you have learnt in your job role.

Please provide your email address if you are interested in being contacted by the NCCMH Evaluation Team to invite you to participate in a focus group.

.....

1.1.2 Post-training questionnaire

See Think Act Framework Facilitator Programme Post-training Questionnaire

The National Collaborating Centre for Mental Health (NCCMH) have been commissioned to evaluate the See Think Act Facilitator Programme. The aim of the evaluation is to see what aspects of the training have worked well and where improvements could be made for the future.

The purpose of this questionnaire is to help us understand your experience with the See Think Act Framework Programme. Your responses will us to help us see how effective the training has been and understand your experience of the training. All questionnaires will be kept confidential and your responses will be compiled with others who are attending the See Think Act Framework Facilitator Programme.

Thank you for your time, the NCCMH Evaluation Team.

Please answer all of the following questions.

1. Date of training
2. Gender (optional) (Select your answer)
3. Ethnicity (optional) (Select your answer)
4. If you selected other ethnicity, please state
5. Job role
6. Time working in inpatient mental health
(options: Less than 1 year, 1-5 years, 6-10 years, 11+ years)

Learning Quiz

The following statements relate to the See Think Act Relational Security Framework and your understanding of the relevant topics.

7. Which of the following statement(s) are TRUE about relational security (select all that apply)?
- a) **Relational security is translating the knowledge and understanding that staff have about a patient into appropriate responses to care.**
 - b) Relational security is only about staff having a good relationship with patients.
 - c) Relational security is about the number of staff on the ward.
 - d) All of the above.
8. Which of the following statements are TRUE about how you can improve relational security on the ward in the context of setting boundaries on the ward (select all that apply)?
- a) Being consistent when making decisions about boundaries means making the same decision every time.
 - b) **Boundaries, and the reasons for them, should be clearly communicated to patients.**
 - c) All boundaries set on the ward should be non-negotiable.
 - d) All of the above.
9. Which of the following statements are NOT true about how you can improve relational security on the ward in the context of therapy (select all that apply)?
- a) Staff should proactively engage with patients to find ways to help support them to manage their recovery.
 - b) Patients should have a clear care plan with health outcomes that are reasonable and measurable.
 - c) Staff should be positive role models on the ward.
 - d) **None of the above.**
10. Which of the following statements are NOT true about how you can improve relational security on the ward in the context of patient mix and dynamic (select all that apply)?
- a) **Continuity of care is very important and patients should not be moved from one clinical area to another.**
 - b) **Staff should not act on their suspicions that patients acting in a subversive way until completely sure.**
 - c) Understanding what is really happening on the ward may rely on gathering information from outside of the clinical team.
 - d) None of the above.
11. Which of the following statements are TRUE about how you can improve relational security on the ward in the context of a patients personal and physical environment (select all that apply)?
- a) Knowing about a patient's history can help understand and anticipate how some events or behaviours might affect them.
 - b) It is important to communicate with the team during the shift and handover about what you have noticed about a patient.
 - c) Encourage patients to take pride in their living environment and show respect for the other people who share their space.
 - d) **All of the above**

12. Which of the following statements are NOT true about how you can improve relational security on the ward in the context of patient's visitors (select all that apply)?

- a) Provide visitors with information they need before before the visit, including information about the service and what it aims to achieve.
- b) All visitors have the best interests if the patient at heart.**
- c) If you have any misgivings about a visitor wait until after the visit to act on them.**
- d) None of the above

13. Which of the following statements are NOT true about how you can improve relational security on the ward in the context of patient's outward connections (select all that apply)?

- a) Patients contact with the outside world is a privilege that they must earn.**
- b) Develop clear management plans for when patients have leave or for when they connect on-line
- c) Ensure patients understand the consequences of escaping, absconding or failing to return.
- d) None of the above

14. The following statements relate to the course objectives. Please rate each one using the scale

1 = very low, 2 = low, 3 = average, 4 = high, 5 = very high;

	1	2	3	4	5
Amount of knowledge of the relational security framework					
Level of familiarity with the learning and practice outcomes desirable for staff at all levels of mental health trusts					
Amount of understanding of the breadth of relational security within the wider organisational strategy					
Amount of understanding of opportunities to deliver connected strategies (either fully or in part) through the application of strong relational security approaches					
Level of familiarity with the See Think Act resource					
Amount of confidence to use the See Think Act resource in the organisation where you work					
Level of ability to consider and utilise the opportunities for co-design and co-delivery of relational security strategies with other experts (such as other professional experts, service users and external stakeholders).					
Amount of confidence to facilitate discussions with staff at all levels on subjects covered by the relational security framework					
Level of ability to empower staff to create safe environments by taking considered therapeutic judgements					
Level of ability to plan creative, flexible and inspiring sessions with individuals or teams on a formal or informal basis on strategies for improving relational security.					

STA Framework Facilitator Programme evaluation questions

15. The objectives of the training were clearly stated

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
The objectives of the training were clearly stated					
The presenters of the training were engaging					
The training content was well organised and easy to follow					
There was enough time allocated to complete the training					
The materials included in the training were helpful					
The topics explored in the training were relevant to my job					
I intend to apply the See Think Act framework in my current role					
Co-delivery of the training by individuals with lived experiences provided added value.					

16. I would recommend this course to other colleagues

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Chose one option					

17. Please provide further details about how you will apply the See Think Act framework in your current role
18. What was most useful about the training.....
19. What was least useful about the training.....
20. What else would you like to see included in this training?.....
21. Any other comments that you would like to make.....
.....
22. As part of the evaluation of the See Think Act Facilitator Programme, the NCCMH would like to arrange focus groups with people who attended the training programme. The focus groups will present an opportunity for the NCCMH Evaluation Team to hear more about your experience of the training and your plans for using the what you have learnt in your job role.

Please provide your email address if you are interested in being contacted by the NCCMH Evaluation Team to invite you to participate in a focus group.

1.1.3. Participant pre-training demographics

		N/49	%
Gender	Female	28	57.1
	Male	18	36.7
	Not reported	3	6.1
Ethnicity	English, Welsh, Scottish, Northern Irish or British	15	30.6
	Irish	3	6.1
	Any other White background	3	6.1
	African	15	30.6
	Caribbean	2	4.1
	Any other Black, African or Caribbean background	2	4.1
	Pakistani	1	2.0
	Indian	2	4.1
	Any other Asian Background	3	6.1
	White and Black Caribbean	1	2.0
	Prefer not to say	1	2.0
	Any other Mixed or Multiple ethnic background	1	2.0
	Role	Clinical nurse manager/charge nurse	14
Compliance and safeguarding lead		1	2.0
Health care assistant		1	2.0
Psychologist		4	8.2
Reducing restrictive practice lead		2	4.1
Team manager/leader		2	4.1
Expert by experience		1	2.0
Ward manager		14	28.6
Assistant psychologist		1	2.0
Transformation lead		1	2.0
Matron		4	8.2
Mental health nurse		1	2.0
Lived experience practitioner		2	4.1
Time working in inpatient mental health	less than 1 year	2	4.1
	1-5 years	17	34.7
	6-10 years	15	30.6
	11+ years	15	30.6

1.1.4. Participant post-training demographics

		N/25	%
Gender	Female	13	52.0
	Male	11	44.0
	Not reported	1	4.0
Ethnicity	English, Welsh, Scottish, Northern Irish or British	9	36.0
	Irish	2	8.0
	Any other White background	1	4.0
	African	4	16.0
	Caribbean	1	4.0
	Any other Black, African or Caribbean background	2	8.0
	Indian	1	4.0
	Any other Asian Background	2	8.0
	White and Black Caribbean	2	8.0
	Other	1	4.0
	Clinical nurse manager/charge nurse	14	56.0
	Role	Health care assistant	1
Psychologist		3	12.0
Reducing restrictive practice lead		1	4.0
Team manager/leader		1	4.0
Expert by experience		2	8.0
Ward manager		3	12.0
Assistant psychologist		2	8.0
Clinical nurse manager/charge nurse		8	32.0
Nurse		1	4.0
Professional nurse educator		1	4.0
Head of nursing		1	4.0
No response		1	4.0
less than 1 year		2	8.0
Time working in inpatient mental health	less than 1 year	1	4.0
	1-5 years	13	52.0
	6-10 years	5	20.0
	11+ years	5	20.0
	No response	1	4.0

1.2 LEAD Safely training programme

1.2.1 Pre-training questionnaire

LEAD Safely Programme pre-training questionnaire

The National Collaborating Centre for Mental Health (NCCMH) has been commissioned to evaluate the LEAD Safely Programme. The evaluation will help to see what parts of the LEAD Safely Programme have worked well and where improvements could be made for the future.

The purpose of this questionnaire is to help us understand your experience of leadership, the See Think Act Framework and safety improvement in adult acute in-patient wards and psychiatric intensive care units. You will be asked similar questions again when you have completed the LEAD Safely Programme to help us see how effective the programme has been. All questionnaires will be kept confidential and your responses will be compiled with others who are attending the LEAD Safely Programme.

Thank you for your time, the NCCMH Evaluation Team.

1. Date of training
2. Gender (optional) (Select your answer)
3. Ethnicity (optional) (Select your answer)
4. If you selected other ethnicity, please state
5. Job role
6. Time working in inpatient mental health (Years/months)
7. Please share with us any past experience you have of participating in leadership programmes, leadership training and/or education.
.....
8. Which of the following best describes your leadership style?
 - a) I am an autocratic leader who tells staff and patients what they have to do
 - b) I listen and act on what staff tell me, but find it more difficult to hear and act on service user's views
 - c) I actively seek out everyone's views and perspectives and use the information shared with me to improve safety
 - d) I respect individual differences and learning styles and adapt my leadership approach as and when needed

Learning Quiz

The following questions are designed to learn a bit about your current knowledge of leadership and creating a psychologically safe ward.

9. Which of the following statement(s) are TRUE about relational security (select all that apply)?
 - a) **Relational security is translating the knowledge and understanding that staff have about a patient into appropriate responses to care.**
 - b) Relational security is only about staff having a good relationship with patients.
 - c) Relational security is about the number of staff on the ward.
 - d) All of the above.
 - e) I do not understand what is meant by the term 'relational security'

10. Which of the following statement(s) are TRUE about creating a psychologically safe ward culture (select all that apply)?
- a) **Psychological safety requires leaders to listen to the perspectives of service users, staff, carers and families**
 - b) Psychological safety is created by having an autocratic leadership style
 - c) **Leaders can improve ward safety culture by empowering staff to lead improvement work**
 - d) **Psychologically safe wards learn from incidents without making team members feel blamed**
 - e) All of the above
 - f) I do not understand what is meant by the term 'relational security'
11. Which of the following statement about a 'trauma informed approach' are INCORRECT (select all that apply)?
- a) **In-depth screening of all service users' past traumatic experiences**
 - b) Ensuring past traumatic experiences are reflected in the care service users receive
 - c) Ensuring staff receive appropriate care and support for past traumatic experience
 - d) Having an organisation-wide culture where everyone from Board to ward understands what is meant by a trauma informed approach
 - e) None of the above
 - f) I am unclear what is meant by the term 'trauma informed approach'
12. Which of the following statement(s) describes the best course of action following an incident where a service user or team member is harmed (select all that apply)?
- a) **Ensure compassionate support is provided to the staff involved**
 - b) **Ensure compassionate support is provided to service users who witnessed the incident**
 - c) Ensure the service user involved in the incident receives compassionate support and their care needs are met
 - d) Seek out and listen to team members' views on how future harm could be prevented
 - e) Seek out and listen to service users' views on how a future incident could be prevented
 - f) Stop conversations of blame and/or gossip about why the incident happened
 - g) All of the above
 - h) I do not know the best course of action

Section 3

13. The following statements relate to your views of the experiences of ward staff, service users and their carers on the adult acute in-patient wards, and psychiatric intensive care units where you currently work.

Please rate the following statements from strongly agree to strongly disagree

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Ward staff feel confident to escalate concerns.					
Service users and their carers feel confident to raise concerns.					

Ward staff are able to ask for support when needed.					
Service users and their carers are able to ask for support when needed.					
Ward staff are confident that their concerns will be listened to and acted upon.					
Service users and their carers feel confident that their concerns will be listened to and acted upon.					
Service users play a central role in all our safety improvement work					
Carers/family members play a central role in all our safety improvement work					

14. The following statements relate to your current opinion of and confidence in your leadership style and abilities.

Please rate the following statements from strongly agree to strongly disagree

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I am a leader who is inclusive and who actively seeks to address inequalities.					
I strive to ensure all service users and staff are treated fairly, and with respect, compassion, civility, and transparency.					
My teams' unique skills and talents are valued and utilised.					
My leadership behaviours reflect the values of Trauma Informed Care.					
I am knowledgeable about the See Think Act Relational Security framework					
I am confident leading the implementation of the See Think Act Relational Security Framework in mental health inpatient services.					
I am confident addressing any issues of racism when I am aware of them on the ward.					
I am confident challenging any incidents of bullying or harassment on the ward.					

15. Please tell us what you think a psychologically safe ward looks like.

16. Please tell us what you hope to achieve by completing the LEAD Safely Programme.

17. Any further comments that you would like to make

18. As part of the evaluation of the LEAD Safely Programme, the NCCMH would like to arrange focus groups with people who attended the training programme. The focus groups will present an opportunity for the NCCMH Evaluation Team to hear more about your experience of the training and your plans for using the what you have learnt in your job role.

Please provide your email address if you are happy to be contacted by the NCCMH Evaluation Team to invite you to participate in a focus group.

1.2.2 Post-training questionnaire

LEAD Safely Programme post-training questionnaire

The National Collaborating Centre for Mental Health (NCCMH) has been commissioned to evaluate the LEAD Safely Programme. The evaluation will help to see what parts of the LEAD Safely Programme have worked well and where improvements could be made for the future.

The purpose of this questionnaire is to help us understand your experience of leadership, the See Think Act Framework and safety improvement in adult acute in-patient wards and psychiatric intensive care units. You will be asked similar questions again when you have completed the LEAD Safely Programme to help us see how effective the programme has been. All questionnaires will be kept confidential and your responses will be compiled with others who are attending the LEAD Safely Programme.

Thank you for your time, the NCCMH Evaluation Team.

1. Date of training
2. Gender (optional) (Select your answer)
3. Ethnicity (optional) (Select your answer)
4. If you selected other ethnicity, please state
5. Job role
6. Time working in inpatient mental health (Years/months)
7. Please share with us any past experience you have of participating in leadership programmes, leadership training and/or education.

8. Which of the following best describes your leadership style?
- a) I am an autocratic leader who tells staff and patients what they have to do
 - b) I listen and act on what staff tell me, but find it more difficult to hear and act on service user's views
 - c) I actively seek out everyone's views and perspectives and use the information shared with me to improve safety
 - d) I respect individual differences and learning styles and adapt my leadership approach as and when needed

Learning Quiz

The following questions are designed to learn a bit about your current knowledge of leadership and creating a psychologically safe ward.

9. Which of the following statement(s) are TRUE about relational security (select all that apply)?
- a) Relational security is translating the knowledge and understanding that staff have about a patient into appropriate responses to care.**
 - b) Relational security is only about staff having a good relationship with patients.
 - c) Relational security is about the number of staff on the ward.
 - d) All of the above.
10. Which of the following statement(s) are TRUE about creating a psychologically safe ward culture (select all that apply)?
- a) Psychological safety requires leaders to listen to the perspectives of service users, staff, carers and families**
 - b) Psychological safety is created by having an autocratic leadership style
 - c) Leaders can improve ward safety culture by empowering staff to lead improvement work**
 - d) Psychologically safe wards learn from incidents without making team members feel blamed**
 - e) All of the above
 - f) I do not understand what is meant by the term 'relational security'
11. Which of the following statement about a 'trauma informed approach' are INCORRECT (select all that apply)?
- a) In-depth screening of all service users' past traumatic experiences**
 - b) Ensuring past traumatic experiences are reflected in the care service users receive
 - c) Ensuring staff receive appropriate care and support for past traumatic experience
 - d) Having an organisation-wide culture where everyone from Board to ward understands what is meant by a trauma informed approach
 - e) None of the above
 - f) I am unclear what is meant by the term 'trauma informed approach'
12. Which of the following statement(s) describes the best course of action following an incident where a service user or team member is harmed (select all that apply)?
- a) Ensure compassionate support is provided to the staff involved**
 - b) Ensure compassionate support is provided to service users who witnessed the incident**
 - c) Ensure the service user involved in the incident receives compassionate support

and their care needs are met

- d) Seek out and listen to team members' views on how future harm could be prevented
- e) Seek out and listen to service users' views on how a future incident could be prevented
- f) Stop conversations of blame and/or gossip about why the incident happened
- g) All of the above
- h) I do not know the best course of action

Section 3

13. The following statements relate to your views of the experiences of ward staff, service users and their carers on the adult acute in-patient wards, and psychiatric intensive care units where you currently work.

Please rate the following statements from strongly agree to strongly disagree

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Ward staff feel confident to escalate concerns.					
Service users and their carers feel confident to raise concerns.					
Ward staff are able to ask for support when needed.					
Service users and their carers are able to ask for support when needed.					
Ward staff are confident that their concerns will be listened to and acted upon.					
Service users and their carers feel confident that their concerns will be listened to and acted upon.					
Service users play a central role in all our safety improvement work					
Carers/family members play a central role in all our safety improvement work					

14. The following statements relate to your current opinion of and confidence in your leadership style and abilities.

Please rate the following statements from strongly agree to strongly disagree

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I am a leader who is inclusive and who actively seeks to address inequalities.					
I strive to ensure all service users and staff are treated fairly, and with respect, compassion, civility, and transparency.					
My teams' unique skills and talents are valued and utilised.					
My leadership behaviours reflect the values of Trauma Informed Care.					
I am knowledgeable about the See Think Act Relational Security framework					
I am confident leading the implementation of the See Think Act Relational Security Framework in mental health inpatient services.					
I am confident addressing any issues of racism when I am aware of them on the ward.					
I am confident challenging any incidents of bullying or harassment on the ward.					

15. Please tell us what you think a psychologically safe ward looks like.

.....

Evaluation questions

The following question relate to your experience of the LEAD Safely programme.

16. The objectives of the training were clearly stated

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Chose one option					

17. The presenters of the training were engaging

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Chose one option					

The following question relate to your experience of the LEAD Safely programme.

18. The training content was well organised and easy to follow

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Chose one option					

19. There was enough time allocated to complete the training

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Chose one option					

20. The materials included in the training were helpful

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Chose one option					

21. The topics explored in the training were relevant to me

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Chose one option					

22. I intend to use psychological safety, the trauma informed approach and the STA Framework in my current role

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Chose one option					

23. Please describe your plans for implementing psychological safety/trauma informed approach/the See Think Act Relational Security Framework in your Organisation.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Chose one option					

24. Co-delivery of the training by individuals with lived experiences provided added value.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Chose one option					

25. What was most useful about the training

26. What was least useful about the training

27. What else would you like to see included in this training?

28. I would recommend this course to other colleagues

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Chose one option					

29. Any other comments that you would like to make.....
.....

30. As part of the evaluation of the LEAD Safely Programme, the NCCMH would like to arrange interviews with people who attended the training programme. The interviews will present an opportunity for the NCCMH Evaluation Team to hear more about your experience of the training and your plans for using the what you have learnt in your job role (this is optional).

Please provide your email address below for more information and a chance to win a £50 shopping voucher:

1.2.3 Participant pre-training demographics

		N/19	%
Gender	Female	11	57.9
	Male	7	36.8
	Not reported	1	5.3
Ethnicity	African	4	21.1
	Any other Asian background	2	10.5
	Any other Black, African, or Caribbean background	2	10.5
	Any other White background	2	10.5
	Caribbean	1	5.3
	White-English, Welsh, Scottish, Northern Irish or British	8	42.1
Role	Clinical effectiveness team lead	1	5.3
	Clinical services manager	1	5.3
	Head of arts therapies	1	5.3
	Hospital director	1	5.3

	Lead nurse	5	26.3
	Matron	5	26.3
	Psychiatrist	1	5.3
	Psychologist	1	5.3
	University lecturer	1	5.3
	Ward manager	2	10.5
Time working in inpatient mental health	Less than 5 years	3	15.8
	5-10 years	4	21.1
	>10 years	11	57.9
	Other (many years, but not presently)	1	5.3

1.2.4. Participant post-training demographics

		N/12	%
Gender	Female	5	41.7
	Male	6	50.0
	Not reported	1	8.3
Ethnicity	African	2	16.7
	Any other Asian background	1	8.3
	Any other White background	1	8.3
	Caribbean	1	8.3
	White-English, Welsh, Scottish, Northern Irish or British	3	25
	Other	1	8.3
	I would prefer not to say/no answer	2	16.7
Role	Clinical effectiveness team lead	1	8.3
	Head of arts therapies	1	8.3
	Lead nurse	1	8.3
	Matron	3	25
	Practice development nurse	1	8.3
	Psychiatrist	1	8.3
	Psychologist	1	8.3
	University lecturer	1	8.3
	Ward manager	1	8.3
	No answer	1	8.3

Time working in inpatient mental health	<5 years	1	8.3
	5–10 years	5	41.7
	>10 years	5	41.7
	No answer	1	8.3

1.3 Community of practice

1.3.1 Questionnaire issued before the community of practice was launched (timepoint 1)

London Safety in Mental Health Settings Project Community of Practice

The purpose of this questionnaire is to learn more about you, understand your experience of using the FutureNHS London Safety in Mental Health Settings Project Workspace and your expectation for the Community of Practice. Your responses to this questionnaire will help us develop the Community of Practice. All responses will be kept confidential.

Thank you for taking the time to complete this questionnaire.

1. Gender (optional).....
2. Ethnicity (please select):
 - White**
 - English, Welsh, Scottish, Northern Irish or British
 - Irish
 - Gypsy or Irish Traveller
 - Any other White background
 - Mixed or Multiple ethnic groups**
 - White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other Mixed or Multiple ethnic background
 - Asian or Asian British**
 - Indian
 - Pakistani
 - Bangladeshi
 - Chinese
 - Any other Asian background
 - Black, African, Caribbean or Black British**
 - African
 - Caribbean
 - Any other Black, African or Caribbean background
3. I am (please select all that apply); front-line staff, expert by experience, service user, family carer, service manager, senior leader, other.....
4. If a member of NHS staff what is your current job title.....
5. How long have you worked in your current role?.....years.....months
6. Have you accessed the London Safety in Mental Health Settings Project Workspace on the FutureNHS platform? Yes, No

If 'yes' to question 6 please go to question 7. If 'no' to question 6 please go to question 11.

7. Please answer the following using the scale:
 1 = strongly agree, 2 = agree, 3 = neither agree or disagree, 4 = disagree, 5 = strongly disagree, 6 = not applicable

		1	2	3	4	5	6
7	I find the FutureNHS platform easy to log onto						
8	I find the FutureNHS platform easy to navigate						
9	The information on the FutureNHS London Safety in Mental Health Settings Project Workspace is interesting						
10	The information on the FutureNHS London Safety in Mental Health Settings Project Workspace is useful for my current job role						

11. What do you want from the community of practice?

.....

12. What can you offer to the community of practice?

.....

13. What should be our shared priorities for the future?

.....

14. Any other comments about the FutureNHS London Safety in Mental Health Settings Project Workspace or the community of practice?

.....

1.3.2 Questionnaire issued once the community of practice was established (timepoint 2)

London Safety in Mental Health Settings Project Community of Practice

The purpose of this questionnaire is to learn more about you, understand your experience of using the FutureNHS London Safety in Mental Health Settings Project Workspace and your expectations for the Community of Practice. Your responses to this questionnaire will help us to develop the Community of Practice. All responses will be kept confidential.

UPON THE COMPLETION OF THIS QUESTIONNAIRE, YOU WILL BE ENTERED INTO A RAFFLE FOR A CHANCE TO WIN A £50 SHOPPING VOUCHER (please leave your email at the end of the survey to be entered into the raffle).

Thank you for taking the time to complete this questionnaire.

1. Gender (optional)
2. Ethnicity (please select):

White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Mixed or Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or Multiple ethnic background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black, African, Caribbean or Black British

- African
- Caribbean
- Any other Black, African or Caribbean background

3. I am (please select all that apply); front-line staff, expert by experience, service user, family carer, service manager, senior leader, other
4. If a member of NHS staff what is your current job title
5. How long have you worked in your current role?years months

6. Have you accessed the London Safety in Mental Health Settings Project Workspace on the FutureNHS platform? Yes, No

If 'yes' to question 6 please go to question 7. If 'no' to question 6 please go to question 11.

7.

Please answer the following using the scale;

1 = strongly agree, 2 = agree, 3 = neither agree or disagree, 4 = disagree, 5 = strongly disagree, 6 = not applicable

		1	2	3	4	5	6
7	I found the FutureNHS platform easy to access.						
8	I found the FutureNHS platform easy to navigate.						
9	The information on the FutureNHS London Safety in Mental Health Settings Project Workspace was interesting.						
10	The information on the FutureNHS London Safety in Mental Health Settings Project Workspace was useful for my current job role.						

11. Do you have any further comments about the FutureNHS London Safety in Mental Health Settings Project Workspace?

.....

12. What do you want from the community of practice?

.....

13. What can you offer to the community of practice?

.....

14. What should be our shared priorities for the future?

.....

15. Any other comments about the FutureNHS London Safety in Mental Health Settings Project Workspace or the Community of Practice?

.....

16. Please provide your email address if you are interested in being contacted by the NCCMH Evaluation Team and for a chance to win a £50 shopping voucher:

1.3.3 Timepoint 1 participant demographics

		N/30	%
Gender	Female	20	66.7
	Male	8	26.7
	Not reported	2	6.7
Ethnicity	African	2	6.7
	Any other Asian background	1	3.3
	Any other Black, African, or Caribbean background	1	3.3
	Any other mixed or multiple ethnic background	1	3.3
	Any other White background	4	13.3
	White – Irish	2	6.7
	White – English, Welsh, Scottish, Northern Irish or British	18	60.0
	Prefer not to say	1	3.3
Role	Current service user	2	6.7
	Expert by experience	5	16.7
	Front-line staff:	9	30.0
	Assistant psychologist	1	3.3
	Clinical psychologist	5	16.7
	Dramatherapist	1	3.3
	Head of arts therapies	1	3.3
	Head of psychological services	1	3.3
	Mental health advisor	1	3.3
	Nurse	3	10
	Peer coach	1	3.3
	Professional lead-psychological services	1	3.3
	Project administrator	1	3.3
	Project manager	1	3.3
	Psychiatrist	1	3.3
	Project administrator	1	3.3
	Senior leader	11	36.7
Service manager	1	3.3	
Other – not specified	1	3.3	

1.3.4 Timepoint 2 participant demographics

		N/10	%
Gender	Female	3	30.0
	Male	6	60.0
	Not reported	1	10.0
Ethnicity	African	4	40
	Any other White background	1	10
	White – English, Welsh, Scottish, Northern Irish or British	1	10
	White – Irish	1	10
	White and Black African	1	10
	White and Black Caribbean	1	10
	Prefer not to say	1	10.0
Role	Assistant psychologist	1	10
	Clinical nurse specialist	1	10
	Clinical psychologist	1	10
	Professional nurse educator	2	20
	Psychiatrist	1	10
	Senior leader	1	10
	Service manager	1	10
	Ward manager	2	20

1.4 NoMAD Questionnaire

The NoMAD questionnaire was adapted to include the See Think Act framework and the LEAD safely programme. An example of the initial template can be found on pages 37–38. The complete adaptation of the See Think Act, and LEAD Safely questionnaires have been included in Sections 1.4.1 and 1.4.2.



Survey Instructions

This survey is designed to help get a better understanding of how to apply and integrate new technologies and complex interventions in health care.

This survey asks questions about the implementation of **[the intervention]**. We understand that people involved with **[the intervention]** have different roles, and that people may have more than one role.

From the statements below please choose an option that best describes **your main role** in relation to **[the intervention]**:

- I am involved in managing or overseeing **[the intervention]**
- I am involved in delivering **[the intervention]**

For this survey, please answer all the statements from the perspective of this role. Depending on your role or responsibilities in **[the intervention]**, some statements may be more relevant than others.

The survey is in 3 parts. Part A asks some brief questions about yourself and your role. Part B includes three general questions about **[the intervention]**. Part C contains a set of more detailed questions about **[the intervention]**. For each statement in Part C, there is the option to agree or disagree with what is being asked (**OPTION A**). However, if you feel that the statement is not relevant to you, there are also options to tell us why (**OPTION B**).

Please take the time to decide which answer **best suits your experience for each statement and tick the appropriate circle.**

Copyright © Newcastle University 2014. Please reference as: Finch et al., 2013. Improving the normalization of complex interventions: measure development based on normalization process theory (NoMAD): study protocol. Implementation Science 2013, 8:43. Development of this survey was funded by the Economic and Social Research Council: Studv Grant RES-062-23-3274.

1

Part A: About yourself

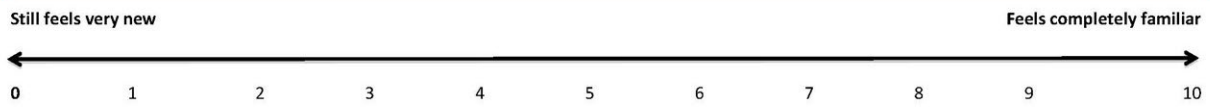
1. How many years have you worked for this Trust? (If your Trust has merged with another or changed its name, please include in your answer all the time you have worked with this Trust and its predecessors)

- Less than one year
 1-2 years
 3-5 years
 6-10 years
 11-15 years
 More than 15 years

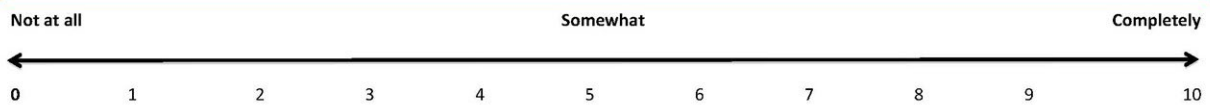
2. How would you describe your professional job category?

Part B: General questions about the intervention

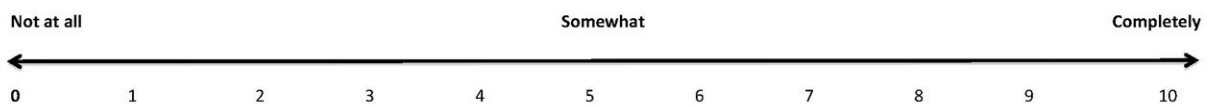
When you use [the intervention], how familiar does it feel?



Do you feel [the intervention] is currently a normal part of your work?



Do you feel [the intervention] will become a normal part of your work?



1.4.1 See Think Act NoMAD questionnaire



Survey Instructions

This survey is designed to help get a better understanding of how to apply and integrate new technologies and complex interventions in health care.

This survey asks questions about the implementation of [See Think Act Framework Facilitator Training and Development programme]. We understand that people involved with [See Think Act Framework Facilitator Training and Development programme] have different roles, and that people may have more than one role.

From the statements below please choose an option that best describes *your main role* in relation to [See Think Act Framework Facilitator Training and Development programme]:

- I am involved in managing or overseeing [See Think Act Framework Facilitator Training and Development programme]
- I am involved in delivering [See Think Act Framework Facilitator Training and Development programme]

For this survey, please answer all the statements from the perspective of this role. Depending on your role or responsibilities in [the intervention], some statements may be more relevant than others.

The survey is in 3 parts. Part A asks some brief questions about yourself and your role. Part B includes three general questions about [See Think Act Framework Facilitator Training and Development programme]. Part C contains a set of more detailed questions about [See Think Act Framework Facilitator Training and Development programme]. For each statement in Part C, there is the option to agree or disagree with what is being asked (OPTION A). However, if you feel that the statement is not relevant to you, there are also options to tell us why (OPTION B).

For each statement please select an answer that best suits your experience using Option A. If the statement is not relevant to you please select an answer from Option B.

Section 2	Option A					Option B		
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to my role	Not relevant at this stage	Not relevant to the intervention
1. There are key people who drive [See Think Act Framework] forward and get others involved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I believe that participating in [See Think Act Framework] is a legitimate part of my role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I'm open to working with colleagues in new ways to use [See Think Act Framework]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I will continue to support [See Think Act Framework]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each statement please select an answer that best suits your experience using Option A. If the statement is not relevant to you please select an answer from Option B.

Section 3	Option A					Option B		
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to my role	Not relevant at this stage	Not relevant to the intervention
1. I can easily integrate [See Think Act Framework] into my existing work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. [See Think Act Framework] disrupts working relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have confidence in other people's ability to use [See Think Act Framework]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Work is assigned to those with skills appropriate to [See Think Act Framework]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Sufficient training is provided to enable staff to implement [See Think Act Framework]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Sufficient resources are available to support [See Think Act Framework]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Management adequately supports [See Think Act Framework]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each statement please select an answer that best suits your experience using Option A. If the statement is not relevant to you please select an answer from Option B.

Section 4	Option A					Option B		
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to my role	Not relevant at this stage	Not relevant to the intervention
1. I am aware of reports about the effects of [See Think Act Framework]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The staff agree that [See Think Act Framework] is worthwhile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I value the effects that [See Think Act Framework] has had on my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feedback about [See Think Act Framework] can be used to improve it in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can modify how I work with [See Think Act Framework]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide your email address if you are interested in being contacted by the NCCMH Evaluation Team and for a chance to win a £50 shopping voucher:

Thank you for completing our survey.

1.4.2 LEAD Safely NoMAD questionnaire



Survey Instructions

This survey is designed to help get a better understanding of how to apply and integrate new technologies and complex interventions in health care.

This survey asks questions about the implementation of [LEAD Safely Programme]. We understand that people involved with [LEAD Safely Programme] have different roles, and that people may have more than one role.

From the statements below please choose an option that best describes *your main role* in relation to [LEAD Safely Programme]:

- I am involved in managing or overseeing [LEAD Safely Programme]
- I am involved in delivering [LEAD Safely Programme]

For this survey, please answer all the statements from the perspective of this role. Depending on your role or responsibilities in [the intervention], some statements may be more relevant than others.

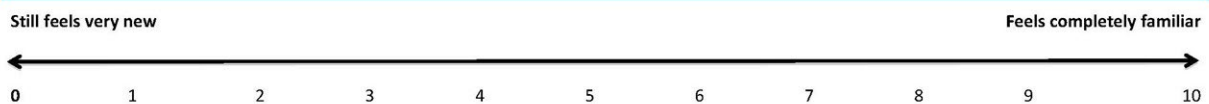
The survey is in 3 parts. Part A asks some brief questions about yourself and your role. Part B includes three general questions about [LEAD Safely Programme]. Part C contains a set of more detailed questions about [LEAD Safely Programme]. For each statement in Part C, there is the option to agree or disagree with what is being asked (OPTION A). However, if you feel that the statement is not relevant to you, there are also options to tell us why (OPTION B).

Please take the time to decide which answer **best suits your experience for each statement and tick the appropriate circle.**

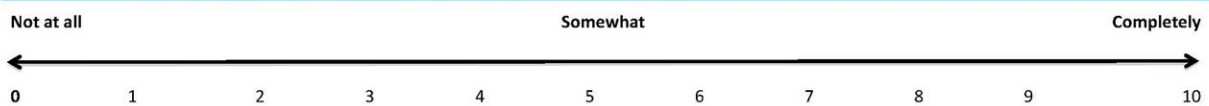
Copyright © Newcastle University 2014. Please reference as: Finch et al., 2013. Improving the normalization of complex interventions: measure development based on normalization process theory (NoMAD): study protocol. Implementation Science 2013, 8:43. Development of this survey was funded by the Economic and Social Research Council: Study Grant RES-062-23-3274.

Part B: General questions about the intervention

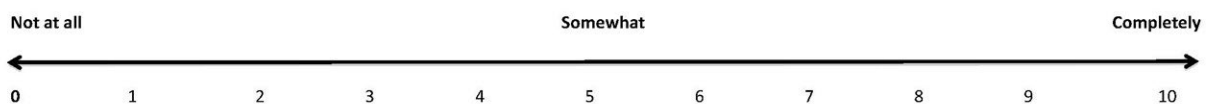
When you use [LEAD Safely Programme], how familiar does it feel?



Do you feel [LEAD Safely Programme] is currently a normal part of your work?



Do you feel [LEAD Safely Programme] will become a normal part of your work?



Part C: Detailed questions about the intervention

For each statement please select an answer that best suits your experience using Option A. If the statement is not relevant to you please select an answer from Option B.

Section 1	Option A					Option B		
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to my role	Not relevant at this stage	Not relevant to the intervention
1. I can see how [Psychological Safety, the See Think Act Framework and trauma informed care] differs from usual ways of working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Staff in this organisation have a shared understanding of the purpose of [Psychological Safety, the See Think Act Framework and trauma informed care]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I understand how [Psychological Safety, the See Think Act Framework and trauma informed care] affects the nature of my own work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can see the potential value of [Psychological Safety, the See Think Act Framework and trauma informed care] for my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each statement please select an answer that best suits your experience using Option A. If the statement is not relevant to you please select an answer from Option B.

Section 2	Option A					Option B		
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to my role	Not relevant at this stage	Not relevant to the intervention
1. There are key people who drive [Psychological Safety, the See Think Act Framework and trauma informed care] forward and get others involved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I believe that participating in [Psychological Safety, the See Think Act Framework and trauma informed care] is a legitimate part of my role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I'm open to working with colleagues in new ways to use [Psychological Safety, the See Think Act Framework and trauma informed care]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I will continue to support [Psychological Safety, the See Think Act Framework and trauma informed care]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each statement please select an answer that best suits your experience using Option A. If the statement is not relevant to you please select an answer from Option B.

Section 3	Option A					Option B		
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to my role	Not relevant at this stage	Not relevant to the intervention
1. I can easily integrate [Psychological Safety, the See Think Act Framework and trauma informed care] into my existing work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. [Psychological Safety, the See Think Act Framework and trauma informed care] disrupts working relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have confidence in other people's ability to use [Psychological Safety, the See Think Act Framework and trauma informed care]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Work is assigned to those with skills appropriate to [Psychological Safety, the See Think Act Framework and trauma informed care]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Sufficient training is provided to enable staff to implement [Psychological Safety, the See Think Act Framework and trauma informed care]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Sufficient resources are available to support [Psychological Safety, the See Think Act Framework and trauma informed care]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Management adequately supports [Psychological Safety, the See Think Act Framework and trauma informed care]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each statement please select an answer that best suits your experience using Option A. If the statement is not relevant to you please select an answer from Option B.

Section 4	Option A					Option B		
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to my role	Not relevant at this stage	Not relevant to the intervention
1. I am aware of reports about the effects of [Psychological Safety, the See Think Act Framework and trauma informed care]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The staff agree that [Psychological Safety, the See Think Act Framework and trauma informed care] is worthwhile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I value the effects that [Psychological Safety, the See Think Act Framework and trauma informed care] has had on my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feedback about [Psychological Safety, the See Think Act Framework and trauma informed care] can be used to improve it in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can modify how I work with [Psychological Safety, the See Think Act Framework and trauma informed care]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide your email address if you are interested in being contacted by the NCCMH Evaluation Team and for a chance to win a £50 shopping voucher:

Thank you for completing our survey.

2. Appendix 2: Interviews

2.1 Recruitment and topic schedule guide

Participants were invited to the interviews after they had completed training. Methods of recruitment included in-person verbal invites, email invitations and general prompts shared on the FutureNHS platform.

Topic schedules were co-developed with the Lived Experienced Advisors.

2.1.1 See Think Act topic schedule

See Think Act Facilitator programme evaluation interview topic guide

Introduction – 2 minutes

- Thank you for seeing me today and for deciding to take part in this evaluation of the
- See Think Act Facilitator programme.
- would like to give a brief outline of the evaluation and please let me know if you have any questions (recap the evaluation).
- I have a few topics that I would like to talk about today and the focus group should take around 60 minutes.
- Feel free to ask any questions at any stage during the interview
- I will be audio-recording the interview but I might make a few notes too in case there is something that I would like to come back to later.

Topics/questions

1. Introduction – 5 minutes

- Please tell me about your current role, any prior experience or training you have of the STA relational security framework?

2. Why did you want to attend the STA framework facilitator programme? – 5 minutes

Prompt

- Are you aware of any gaps in skills or knowledge of relational security and how to improve relational security in inpatient settings?
- What were you hoping to gain from the training?

3. Can you please tell me about your experience of the STA facilitator programme? – 10 minutes

Prompt

- Did the training meet your expectations?
- What aspects of the training did you particularly enjoy? Why?
- Which were the most helpful aspects of the training? Why?
- Were there any parts of the training that you did not find helpful? Why?
- Is there anything not covered by the training that you wish could have been covered or covered in more detail?

4. Do you think that the co-production and co-delivery of the training by people with lived experience had an impact on your training experience? How? 5 mins
5. Can you tell me about any plans or initial experiences you have had of using what you have learnt during the training in your current role? – 20 minutes

Prompts

- What, if any, challenges have you come across when facilitating discussion with other members of staff around relational security or adopting the STA framework?
- How might these challenges be overcome in the future?
- What factors have helped/will help you adopt the STA framework in your role?
- Have you engaged with people with lived experience or other experts to support the adoption of the STA framework?
 - Can you tell me a bit about that experience?

(If there is extra time)

6. What is your view on how the (INSERT TRAINING OUTCOME EXAMPLE THAT THEY HAVE GIVEN HERE) can continue to be implemented in the future 10 mins

Prompts:

- Do you envisage any barriers or facilitators to continued delivery?
- How might any barriers be overcome?
- How will you utilise any potential facilitators to continuing delivery?

7. Is there anything else that you would like to add or clarify regarding the STA facilitator training? 3 mins

Thank you very much for your time today.

2.1.2. LEAD Safely topic schedule

LEAD safely programme evaluation topic guide

Introduction – 10 mins

Topics/questions

Topic 1

1. Introductions: Please share about your current role, leading a team, and qualities that make a good team leader on inpatient mental health settings. 10 minutes
2. Why did you want to/why were you nominated to attend the LEAD Safely programme? – 10 minutes

Prompts:

- Are you aware of any gaps in skills or knowledge of leadership in inpatient mental health settings?
- What were you hoping to achieve from attending the LEAD safely training? Did the training meet your expectations?

Topic 2

3. What were your experiences of the LEAD safely programme? – 10 minutes

Prompts

- What aspects of the training did you particularly enjoy?
- Which were the most helpful aspects of the training? Why?
- Were there any parts of the training that you did not find helpful? Why?

Topic 3

4. How have you used the skills gained from training in your current role? 10 minutes

Prompt

- Are there any challenges you have experienced in implementing skills gained in your role?
- What has helped you implement what you have learnt from training into your role?

5. How has the LEAD safely programme impacted the way you lead your team? 10 minutes

6. How has the training, and any changes you have made to working, impacted the safety of the ward culture? 10 minutes

Prompt

- How can/have you involved patients and their careers in improving psychological safety of the ward and the wider organisation?

Topic 4

7. Is there anything else people would like talk about regarding your experience with the LEAD safely programme? 10 minutes

Prompt

- If there aren't any additional points, state and ask: "The training was co-developed and delivered by people with lived experience of inpatient mental health care:
- How did you find that aspect of the training?"

Thank you all very much for your time today.

2.1.3. Facilitator topic schedule

Introduction (10 mins)

Topics/questions

1. Why did you want to facilitate the LEAD Safely/ STA Framework Facilitator training programme?

Prompt if needed

2. What were your experiences of facilitating the programme?

Prompt if needed

3. How do you think having lived experience facilitators impacted on the experiences of participants?

Prompt if needed

4. Is there anything else that you would like to add or clarify regarding your experience?

Prompt if needed

2.2 Summary of theme structure

Upon completion of the one-one interviews, the transcripts produced by Microsoft Teams were proof-read for any errors, imported into the software programme NVivo and analysed. Initial themes were developed with guidance from the topic schedule using (Directed Content analysis³, and altered/added to as the analysis of the interviews progressed.

2.2.1 See Think Act

STA interview themes	Number of interviewees endorsing	Number of quotes endorsing
Adopting and implementing new skills		
Challenging the way things are		
Seeing things from patient perspective	1	3
Confidence to speak up	1	3
Lived experience input to ward culture		
Adopt lived experience input	2	2
More formal roles	1	1
Role modelling	3	6
Teaching more staff about the STA framework		
Importance of staff attitudes and support of STA	3	5
<i>Culture change</i>	4	7
Refresher course for attendees	2	3
Share experiences with other teams	4	9
Train more staff	4	5
Experience of training		
Positive and helpful		
Confirming and updating prior knowledge	3	4
Facilitators good	5	7
<i>Additional facilitator may help</i>	1	2
General positive	4	5
Lived experience perspectives		
<i>See service users and your practice in a different way</i>	3	4
<i>Validating the training</i>	2	5

Resources provided	2	3
Think about things in a different way or how to change current practice	2	5
Working with others and networking	4	7
<i>Presentation aspect enjoyable</i>	3	3
Unhelpful elements and areas for improvement		
Face-to-face versus online	3	3
<i>Unsuitable room environment</i>	1	1
Length and intensity		
<i>Longer course to cover things in more detail</i>	2	5
<i>More info on how to implement learnings</i>	1	1
<i>More topics-spirituality</i>	1	1
Lived experience concerns	1	6
Motivation and prior knowledge		
Colleague recommendation	4	5
Desire to share learning with others	3	3
Recognising the importance of improving healthcare	4	6
STA informally part of role	2	4
Desire to add to or improve knowledge	2	2

2.3 LEAD Safely

LEAD interview themes	Number of interviewees endorsing	Total number of quotes endorsing
Impact of training		
Changes to leadership style		
Changing status quo	4	7
More in-depth knowledge and appreciation of importance	6	11
Self-reflection	2	2
Structure for knowledge	1	1
Support for team	2	4
Safety of ward culture		
More trauma-informed care	3	3
No change	1	1
Treating people as humans	2	3
Implementation of skills gained		
Challenges		
High staff turnover	3	4
Lack of time	3	3
Encourage more buy-in		
Easier with stakeholder buy-in	1	3
Encourage more people to attend	3	3
Involve patients and carers	3	4
Refresher or need for follow up	4	5
Sharing learnings with others	1	2
Challenging to communicate learnings	1	1
Role modelling	2	7
Training	3	4
Motivation		
Fill in knowledge gaps	3	3
Made to do or pre-selected	2	2
Passion for improving healthcare	2	3
Prior experience	3	5

Relevance to day-to-day work	2	2
Training experience		
Areas to improve		
Improved communication around available training	1	1
Improved linkage with others to support implementation	1	1
<i>More opportunity to work with own team</i>	1	2
Less intense or more time to reflect	4	7
Lived experience material	1	1
More in-depth information at correct level	1	2
More staff members attend	1	1
Not enough flexibility	1	1
Not online	2	5
Positive experiences and helpful aspects		
Flexibility positive	1	1
General comments	4	7
<i>Facilitators – good</i>	3	6
Helpful insight from lived experience researchers	4	11
Opportunity to network and learn from different views	4	8
Richness of programme and topics covered	1	1
Staying at home to do	1	1
What makes a good leader	6	12

3. References

1. Finch TL, Girling M, May CR, Mair FS, Murray E, Treweek S, et al. Improving the normalization of complex interventions: Part 2 – Validation of the NoMAD instrument for assessing implementation work based on normalization process theory (NPT). *BMC Medical Research Methodology*. 2018;18(1):135 <https://doi.org/10.1186/s12874-018-0591-x>.
2. Rapley T, Girling M, Mair FS, Murray E, Treweek S, McColl E, et al. Improving the normalization of complex interventions: Part 1 – Development of the NoMAD instrument for assessing implementation work based on normalization process theory (NPT). *BMC Medical Research Methodology*, 2018;18(1):133 <https://doi.org/10.1186/s12874-018-0590-y>.
3. Hsieh H-F, Shannon S. Three Approaches to Qualitative Content Analysis. *Qualitative Health Research*. 2005;15:1277–88 <https://doi.org/10.1177/1049732305276687>