

# Sustaining QI on inpatient mental health wards

Common assumptions (✗) to avoid and alternatives (✓) to try instead when sustaining and expanding the Culture of Care Quality Improvement programme

1

- ✗ We're involving someone with lived experience – co-production will take care of itself.
- ✓ **Ensure the way you work & behave is inclusive of people with a range of talents and experiences including those who have had poor experience of care.**

2

- ✗ Equity principles are best treated separately, one idea at a time.
- ✓ **Consider how inequities show up everywhere, any time. Think about every issue & idea through the equity lens.**

3

- ✗ Everyone knows what the Culture of Care is about now.
- ✓ **Give people time to explore and apply the principles, methods and resources for themselves.**

4

- ✗ It worked well on this ward – let's roll it out everywhere.
- ✓ **Be clear about which aspects of the idea are essential & leave the rest for each team to adapt to their needs.**

5

- ✗ A few champions will keep us going.
- ✓ **Be clear about who you need to succeed. Think widely to maximise impact.**

6

- ✗ Hoping the work will continue means it will.
- ✓ **Hope is not a plan. Be intentional, make a plan, measure progress, adapt. Align this work to your quality management system & priorities.**

7

- ✗ It's a project.
- ✓ **It's a mindset. Culture is all day, every day, forever. Think about your daily work & practice and how you can embed the principles as the norm.**

8

- ✗ We can't do anything without money.
- ✓ **Small changes can make a big difference. Think about what you can do to make your interactions more inclusive & enabling. Don't let perfect be the enemy of good.**

9

- ✗ Learning is bound to spread. Success speaks for itself.
- ✓ **Be specific about what enabled success. Use stories to inspire others. Look for opportunities to spread your learning widely.**