This document lists the information that organisations will need to gather to register for the Culture of Care Programme. To submit a registration, please complete our [online registration form.](https://forms.office.com/Pages/ResponsePage.aspx?id=isSqdaspMEKtrGnT5-0-d4TzD9TLDqNPiIJBeLddwbpUNjZXRzg4MVRJMUtQUFpZR0VUTDczSU85Qi4u)

Culture of Care Registration Questions

The information you provide will enable us to start gathering the details of the key contacts in your organisation, including a key contact person in your organisation for this project, a senior sponsor and executives to receive coaching. We would also like you to think about which wards you would like to put forward for the programme (between two and four wards). Please register wards where this work will have the most benefit as Quality Improvement (QI) has the most potential for meaningful change where there is something to improve.

As well as tailored support for organisations, we will be creating 10 learning networks (small groups of organisations). You will be part of your learning network for the duration of the Culture of Care Programme where you will share your learning together at event for your learning network, in addition to national learning sets. To help us form the learning networks, we would like to know if there are any organisations you would like to be in the same learning network as because of existing relationships and/or geography and we will try to accommodate this as much as possible.

The registration period is open for five weeks to enable you to gather the information listed below. If you have any queries, a member of our team would be happy to discuss with you. Please contact us at cultureofcare@rcpsych.ac.uk.

Registration is open until Friday 15th March 2024 and we will be in touch with each organisation before the end of March. Please only complete [the form](https://forms.office.com/Pages/ResponsePage.aspx?id=isSqdaspMEKtrGnT5-0-d4TzD9TLDqNPiIJBeLddwbpUNjZXRzg4MVRJMUtQUFpZR0VUTDczSU85Qi4u) once for your organisation.

\*Required answers

Contact details

This section is to enter the key contact details for this work in your organisation

1. Organisation name\*
2. Key contact (the name of the person co-ordinating this work across your organisation and who will be our central contact point)\*
3. Email address of key contact\*
4. Role of key contact\*
5. Telephone number of key contact\*
6. Name of senior sponsor (someone with operational or corporate responsibility the quality of care on wards that will be taking part in the programme, who has the ability to help the team unblock barriers they may face when doing the work)\*
7. Email address of senior sponsor\*
8. Role of senior sponsor in organisation\*
9. Name of senior executive who will receive coaching as part of this work\*
10. Email address of senior executive (1)\*
11. Role of senior executive (1) in organisation\*
12. Name of second senior executive who will receive coaching and reverse mentoring as part of this work (each organisation will need to put forward one senior executive, but there is the opportunity for two senior executives to be coached in each organisation)

1. Email address of senior executive (2)
2. Role of senior executive (2) in organisation

1. To help us form the learning networks for the programme, please list any organisations (other providers of inpatient mental health services) that you would like to be in the same learning network as. These can be due to existing relationships and/or geography and we will try to accommodate requests as much as possible.

Wards

We would like each organisation to put forward between two and four wards. Please register wards where this work will have the most benefit as QI has the most potential for meaningful change where there is something to improve.

We advise putting forward wards that are not currently undertaking a QI project that they are receiving support from a QI Coach or Facilitator to undertake. This will ensure the ward team have the capacity to focus on and receive QI support for their Culture of Care project.

1. Ward 1 (your first preference to take part)\*
2. Ward type (ward 1)\*
3. If you would like to, please tell us a little bit about ward 1 and why it would benefit from being on the programme.
4. Ward 2 (your second preference to take part)\*
5. Ward type (ward 2)\*
6. If you would like to, please tell us a little bit about ward 2 and why it would benefit from being on the programme.
7. Ward 3 (your third preference to take part)
8. Ward type (ward 3)
9. If you would like to, please tell us a little bit about ward 3 and why it would benefit from being on the programme.
10. Ward 4 (your fourth preference for taking part)
11. Ward type (ward 4)
12. If you would like to, please tell us a little bit about ward 4 and why it would benefit from being on the programme.
13. Total number of inpatient mental health, learning disability and autism wards in your organisation\*

Co-production

Co-producing this work in each organisation is essential and in this section, we would like to know how you plan to co-produce this work. Guidance on co-production will also be included as part of the support provided on the programme.

1. Please outline how you plan to co-produce this work on your wards\*
2. Please tell us if there is any support that you would like to be able to co-produce this work

This document has been created so that organisations can see the information needed for registration. To register your organisation, please complete our [online form](https://forms.office.com/Pages/ResponsePage.aspx?id=isSqdaspMEKtrGnT5-0-d4TzD9TLDqNPiIJBeLddwbpUNjZXRzg4MVRJMUtQUFpZR0VUTDczSU85Qi4u).