London Neonatal Operational Delivery Network

Supporting culture & compassionate care through Psychologically Informed Environment (PIE) meetings

The Unit PIE Meetings: The meetings are a chance to talk with a clinical psychologist about what happens on your unit, using some structured and evidence-based questions. We will summarise the discussion and send it back to you, so we can continue to think together about how to support and develop compassionate care.

Data, reporting, policies and protocols comprise one arm of any attempt to improve safety and quality of care. Another part of improving safety and quality is by improving culture, compassion and communication. In Bill Kirkup's report he noted some key themes about maternity and neonatal care. These included:

- Teamwork
- Professionalism
- Compassion
- Listening
- Investigating and responding to problems identified.

These were not new themes, having been described in multiple reports (within neonates and beyond), including numerous enquiries after failings. We know from this that these factors hugely impact patient care.

"We have to address this in a different way. We can't simply respond to each one as if it's a one-off, as if this is the last time this will happen. We have to do things differently." Bill Kirkup

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In London, we want to be thoughtful and supportive in how we enable units to consider the care they provide. Ultimately we want the same as you - to always offer compassion to our babies, our families and our staff teams. This is not easy in the context we work in, with clinical capacity, infrastructure, staffing and financial pressures making it harder. Any lasting, meaningful change in neonatal care will come from joint efforts between all the experts involved – matrons, clinical leads, psychological professionals and all multidisciplinary colleagues working together.

How are psychology work with units to improve safety and quality?

Senior unit staff are integral to developing and supporting unit culture, holding an overview and understanding of the unit a whole. The psychology team is visiting each unit to have a structured conversation focused on how you see communication, culture and compassion on the unit. Unit culture may be implicit, difficult to notice or describe, so having these conversations with a psychologist can help develop awareness of how things are and how they could be. These meetings are part of a larger psychologically informed environment (PIE) project.

The aim of these PIE meetings is twofold:

1) To provide protected time and space to help you to think about the way care is being delivered (in order to effectively support families and staff). We know that thinking and talking about compassionate care helps senior staff to be able to offer high quality care, even in stressful situations.
2) They help the psychology team understand more about how you see the care being delivered; the strengths and the challenges, and what you would like to be different. We can then talk about how we can best support your staff through the sector and regional offers.

These meetings are chaired by the hub psychologist (Dr Kirsty Abbas for NCEL and Dr Alanna Gallagher for SL; there is no one in post for NWL). The lead psychologist for the neonatal network (Dr Ellie Atkins) attends too.

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PIE Meetings: Frequently asked questions

What happens at the meeting?
The meeting is a structured but relaxed reflective conversation. The psychological professional has some questions and prompts to guide the discussion. The conversation allows the unit senior team to reflect and share your thoughts, listen to each other, and bring to the surface some of your understanding of the unit. We want to give you space to think and generate ideas. Notes are taken during the discussion.

Who should attend?
These are psychology-led, structured, reflective conversation with Matrons and Clinical leads (and other senior staff where appropriate). We would recommend that the unit's psychological professional attend and it may be helpful to have your ODN Care Coordinator to hear their perspective on your unit.

Do I need to do any preparation?
We will send you some slides to help you understand some of the key concepts that guide our thinking. It can be useful to review these slides and think about how this applies to your unit before the meeting We completely understand that you will not always have the time to do this.

What is the point of these meetings? How will they help our unit?
The aim is to notice, name, develop greater understanding, and generate reflection, ideas, and action in a supportive, collaborative space. A summary of themes and ideas is shared with unit leads. It aligns with the 10-Year plan especially the shift around preventative care and the importance of recognising staff wellbeing. These conversations also help us to:

- Listen to & work with women and families, with compassion
- Grow, retain, and support our workforce
- Develop and sustain a culture of safety, learning, and support
- Support standards and structures that underpin safer, more personalised, and more equitable care.

What is the benefit for families?
Where compassion and communication are poor, people are more likely to die or be seriously injured, complaints and compensation demands increase, and staff retention is poorer. More compassionate care, better functioning teams and improved communication improve safety and outcomes. This has been proved across multiple contexts.

Do I have to do it?
These meetings are voluntary and are offered as a form of psychological input to your unit. We know that all units are significantly below psychological support staffing standards and so this is one way that we can offer you psychological thinking and input. It is a chance to think together and collaborate, at a time where there are multiple challenges for units (e.g. staffing) and an intense national focus on neonatal standards of care, where issues of team-working, communication, and culture have been highlighted.

Is it worth the time?
We believe it is. Our capacity is limited, so we have thought carefully about the way we deliver care, responding to the high-profile concerns and the feedback from families. But it is also a new initiative so we would genuinely welcome feedback as to whether it was valuable and will be gathering this as part of the process. We want to keep thinking together about how we genuinely improve care and the working environment.

Will the information I share remain confidential?
A summary will be shared with those who attended the meeting and any unit lead who was unable to attend, as well as the unit's psychological professional and ODN care coordinator. These summaries report themes, but do not list who says what, allowing you to talk honestly about what you observe. The in-depth summaries will not be shared beyond your unit (unless you choose to do so) but we will use the documents to draw out themes across the region, to help us understand the needs and plan further psychological support going forward.