Psychologically informed environments: project update 2025/26

"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

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****. Bill Kirkup noted some key concerns about neonatal care including Teamwork; Professionalism; Compassion; and Listening. These were not new themes, having been described in multiple reports (within neonates and beyond) and enquiries. They are also the themes which come out of parent stories) about neonatal admission. We know that these factors hugely impact patient care.*

Culture and communication can seem intangible ('*the way we do things around here*') yet are critical for patient safety and outcomes. The PIE conversations we are having support explicit reflection about unit culture with leads who are key in understanding, supporting, and developing culture. Compassionate Care conversations support unit leads with ideas, clarity, and ownership in next steps.

Psychologically informed environments are not a new concept, and it has successfully been introduced in many other complex areas. All the PIE literature notes that developing a psychologically informed environment is a journey rather than a destination. Developing units as psychologically informed environments involves engagement in several different areas including:

- evidence-based practice,
- education and training,
- building relationships,
- working on processes, policies
- the physical environment and
- developing psychological models to make sense of the people within the system

Initiatives such as FICare and developmental care are underpinned by having firm, caring and thoughtful environments which focus on relationships first, have a desire to deliver compassion to all and have a solid understanding of the experiences of others.

The PIE project is an ongoing piece of work which aims to review the psychological environment in our units.

Time	Phase	Actions
Jan-June 2024	Phase 1: Preparation	Project Preparation and planning
July-Dec 2024	Phase 1: Delivery	Benchmarking Report presented to COGs/LNG Dec 2024
Jan-June 2025	Phase 2: Planning	Preparation Developing interview schedule
June-Dec 2025	Phase 2: Delivery starts	Stakeholder engagement and FAQ sheet circulated First meetings with units Reports feeding back to units completed and sent

	Phase 3: Preparation	Preparation of menu of hub offers Planning webinars and 'quick wins' series following feedback from first round
Jan-June 2026	Phase 2: Delivery ongoing	Meetings with units First outcomes presented
	Phase 3: Delivery starts	Webinar programme 'Quick wins' skills series
July- Dec 2026	Phase 2: Delivery ongoing	Meetings with units completed (by October 2026) Final outcomes presented
	Phase 3: Delivery ongoing	Menu of offers from hub psychologists aimed at developing bespoke offers to units

We know that real, lasting change is not quick or gimmicky. For this reason, we have taken this project at a steady pace, preparing well, focusing on establishing relationships, trust, and dialogue rather than just focusing on getting information at any cost.

PIE Phase two Compassionate Care leadership sessions:

NCEL – 2 completed; 4 planned; 2 TBA , 3 to book

South - 3 completed; 4 planned; 1 TBA; 3 to book

NWL – none completed. We cannot deliver the project here as we have no hub psychologist in NWL

Learning from the sessions completed to date:

This project, and the concept of psychologically informed care, is not yet well understood. More work on demystifying the concept of compassionate, personalised care is needed both for senior team members as well as across the entire neonatal MDT. This will be achieved through the ongoing delivery of training days such as the trauma informed care training, the 'unpicking complexity in neonatal care webinar series and the 'Quick wins' series provides brief, skills-based support to neonatal staff, all showing how care can be both medically and psychologically evidence-based.

Units vary in where they are with their journey towards developing psychologically informed care.

Key areas to be **celebrated** are:

- The clear desire of staff to support families
- A recognition that neonatal admission can be distressing,
- Good processes for celebrating unit achievements and when things have gone well
- Thoughtful engagement with change and an awareness of how challenging this can be for staff.
- Unit leaders recognise that units under psychological threat perform more poorly, with staff sickness higher and greater errors.

Key **areas for development** are recognition that different staff members will have different levels of privileges and experiences, understanding the motivations and behaviours of families where there is complexity including aggression or complaint, managing challenging and historical staff dynamics, and talking about difficulties including those relating to racism or health inequalities. The conversations have emphasised that compassion as a concept, this is not fully understood. Compassion involves both a recognition of distress and a desire to act to alleviate this distress. We will deliver one webinar on 'How compassion contributes to safety' in October 2026.