



MHLDA Ward Managers Development Programme Culture Change Funding Application	
<p>Aim of the fund:</p> <ul style="list-style-type: none"> • To support culture change and enable things to be done differently <p>Funding amount: up to £1000 per participant. Applicants can submit multiple applications but cannot claim more than £1000 in total</p> <p>Criteria:</p> <ul style="list-style-type: none"> • Your idea: <ul style="list-style-type: none"> ○ Fits within the Culture of Care Standards ○ Is co-produced with patients, carers and staff ○ Developed with a view of longer-term impact and culture change ○ Has considered any risks <p>Approval process: Applications are considered by a bursary committee made up of FoNS staff including those with lived experience</p> <p>Guidance: The application if made up of 6 sections, it's an opportunity for you to share with us the process and story behind your idea</p> <p>Section 1: Your idea Section 4: Culture of Care Standards Section 2: Co-production Section 5: Risks Section 3: Impact Section 6: Funding</p> <ul style="list-style-type: none"> ○ We need a brief overview in each section. We suggest you read over all sections before completing the form. Bullet points are accepted ○ If you find you have answered a question in another section, it is ok to tell us this rather than repeat information you have already told us ○ If a question is not relevant to your idea, please put in 'not applicable' and tell us why, if it is not obvious 	<p>Name:</p>
	<p>Organisation:</p>
	<p>Speciality of ward/unit:</p>
	<p>Email</p>
	<p>Telephone:</p>
	<p>Ward manager group:</p>
<p>Questions, support and submitting your application:</p> <p>Please email culturesofcare@fons.org if you have any questions, would like further support and to submit your application.</p>	
<p>Timescales:</p> <ul style="list-style-type: none"> ○ Applications are reviewed at least fortnightly. We aim to get back to you within 2 weeks ○ Applications can be made throughout your ward managers programme and up to 3 months after completion. We are happy to discuss any special circumstances if an extension is required. 	

Section 1: Your idea		
Question	Answers	Guidance Notes
1. What is name/title of your idea?	Adding a portable sensory room to the unit	Brief and to the point
2. What would you like to do?	<ul style="list-style-type: none"> • Add sensory items • Portable sensory room • Using a trolley to hold sensory preference and sensory integration materials. 	Remember we only need a brief overview but would love to know what your vision is
3. Why is this needed?	<ul style="list-style-type: none"> • Increasing number of patients with sensory needs • Have limited resources for sensory preferences • Inadequate space on ward for a designated sensory room, hence needing a portable one. • No safe space currently for patients to have de-escalation 	<p>Think about what led you here. Why this idea? Examples might include:</p> <ul style="list-style-type: none"> ○ Our activity room is always empty, when we talked to patients, they weren't interested in any of the activities we were providing. We knew we needed to do something different which is what led to the idea.
4. Who will benefit from it and who will be involved?	<ul style="list-style-type: none"> • Patients with sensory needs and sensory preferences • Patients will be involved in completing sensory preferences checklist and involved in all discussions. • Staff who are struggling to verbally support patients to de-escalate, plus offering a space for relaxation for themselves. 	<p>A list of beneficiaries and who is involved Examples might include:</p> <ul style="list-style-type: none"> ○ Patients, staff, carers and visitors will all benefit from our weekly ward café. Patients will be developing menus, making snacks, and serving food.
5. How long do you expect it to run it for? Do you have a start and end date in mind?	<ul style="list-style-type: none"> • Start ASAP • Hopefully be completed by end of June/early July, utilised when needed/appropriate throughout the future. 	<p>Answering this will depend on your idea. You may be exploring options or have already made a more definite plan. If it is not applicable just add N/A. This will also give us an idea of when to send your monitoring form. A rough guide is acceptable.</p>

6. Is it something new, or are you continuing something that has worked well previously?	<ul style="list-style-type: none"> Idea has been for a while, we have a small, limited selection of sensory items, however not meeting the needs of the patients. Working with provider collaborative of what is needed for this. 	Tell us if this is a brand-new idea or building on or enhancing some other work you are already doing
Section 2: Co-production		
Question	Answers	Guidance Notes
1. How have you worked with patients, carers and the wider staff team to develop your idea?	<ul style="list-style-type: none"> Sensory preference checks list of patients Discussion in community meeting with lived experience support worker and autism clinical liaison practitioner Feedback from parents around lack of sensory items for patients with sensory needs. Draft plans and ideas shared with patients on a regular basis for feedback. Staff core team completing project, being discussed in staff meetings. 	<p>Please share what you did to include a variety of voices for example:</p> <ul style="list-style-type: none"> Did you hold a ward meeting with colleagues, patients, carers? Have you used a survey or held a focus group? Did the idea originate from a patient, carer or member of your team?
2. How will you ensure people are involved throughout the development and implementation of your idea?	<ul style="list-style-type: none"> Discussions and keeping patients up to date Encouragement in community meetings for feedback To attend family forum and give updates and ask for feedback Sending emails to families and ask for suggestions Asking for any patient leads 	<p>Examples might include:</p> <ul style="list-style-type: none"> Setting up a regular meeting for everyone involved to be part of the process Sending update emails and texts Postcards Assigning and sharing out roles in the development of your idea e.g. a patient may take the lead on sharing news with other patients

Section 3: Impact		
Question	Answers	Guidance Notes
1. What impact do you and others hope your idea will have?	<ul style="list-style-type: none"> Increased opportunity for self-soothe and de-escalation Reduction in preventable distress Offering learning experience to patients, staff and families around self-soothe A safe space for all to have 	This section is about sharing with us the impact you hope your idea may have. We need to see that you have considered the possibilities
2. How will you know it has made a difference?	<ul style="list-style-type: none"> Feedback from patients Feedback from staff Feedback from families Sensory environment mentioned in community meeting, to gather more feedback. General feeling of the therapeutic milieu of the ward. 	Think about what you, patients, carers and other staff might see, hear or feel as your idea becomes a reality
3. How will you capture evidence to: <ul style="list-style-type: none"> Evaluate success? Measure impact? Use learning to shape future ideas and actions? 	<ul style="list-style-type: none"> If there is any reduction in number of incidents recorded Ward environment satisfaction survey to be completed prior and post by staff, patients and families. And above feedback 	Examples might include: <ul style="list-style-type: none"> Asking people to feedback on a sticky-note Taking photographs and quotes from people Interviews with patients, carers and staff
4. How might you ensure your idea is sustainable?	<ul style="list-style-type: none"> Use of being portable Itinerary and ensuring items not going missing Collaboration with autism clinical liaison practitioner and provider collaboratives Hoping to gather evidence of success to ensure further funding in order to keep present with any new guidelines/suggestions. 	Examples might include: <ul style="list-style-type: none"> By gathering evidence of success, we hope to build a business case to present to senior managers to continue to grow the idea We are introducing an enterprise aspect to our nature club by having a healthy tuck shop where patients, staff and visitors can purchase things to help sustain a small fund

Section 4: Culture of Care Standards							
Question	Answers						Guidance Notes
Which Culture of Care Standard or standards and equity principles will your idea contribute to?	Lived Experience	X	Needs-Led	X	Autism informed	X	Please put a cross or shade out the main ones that are relevant
	Safety	X	Choice	X			
	Relationships	X	Environment	X	Trauma Informed	X	
	Staff Support	X	Things to Do				
	Equality	X	Therapeutic Support	X	Culturally Competent		
	Avoiding Harm	X	Transparency				
Please explain how your ideas are contributing to each of the standards or equity principles that you have chosen	<ul style="list-style-type: none"> • Lived experience: Professional lead for lived experience practice attended site, gave advice on sensory adaptations/improvements that could be made on the ward. Suggested sensory needs/adaptations required to be mentioned as a title in community meeting. Patients continuously invited to speak about sensory experience on ward. Sensory room will be discussed weekly during community meeting, alongside professional lead for ongoing support and development. • Safety: A safe space to offer when individuals are growing in distress/ becoming overwhelmed to support de-escalation. • Relationships: Patients will feel listened too as this is something that has been mentioned lots in community meetings and to external professionals. This space will be safe and contained and therefore offer a chance to build on psychological safety. • Staff support: Staff can utilise this space if feeling overwhelmed and overstimulated themselves when/where appropriate. Staff can utilise this space alongside patients as a silent therapeutic support, can engage with activities and items in the room and/or offer verbal support in this space. • Equality: Offering a safe space for all. Making the ward more autistically friendly. • Avoiding Harm: Each patient will have an individualised risk assessment for what is and isn't appropriate for risk items. To 						<p>We just need a brief overview for example</p> <ul style="list-style-type: none"> ○ Lived Experience: Setting up a monthly co-production group on the ward is helping to ensure patients are supported to have their voice heard and help with on-going co-production on the ward. Our organisation's strategic peer lead is facilitating the space and ensures issues and ideas from our ward feed into the senior management group

	<p>prevent patients from feeling overwhelmed in the space there will be individualised care plans on what may or may not be helpful to utilise. Having this space for individuals, especially who are autistic and/or have additional sensory needs to feel safe and contained.</p> <ul style="list-style-type: none"> • Needs led: Individual care plans, listening to suggestions and comments from community meeting and working in conjunction with professional lead as well as autism liaison from provider collaborative. • Choice: Co-produced care plans and risk assessments, community meetings, having a copy of this. • Environment: Has been an ongoing requested space that would be nice to offer to our patients. • Therapeutic support: Can be used to support de-escalation skills, to support de-escalation, to build on psychological safety, to build on therapeutic rapport. • Autism Informed: There will be instructions for use, all areas of sensory integration/All 8 senses will be considered for development. Working in conjunction with Autism clinical liaison practitioner. Thinking about the benefits of having a safe, low stimulus space for individuals. Care plans can be made visual. • Trauma Informed: Making sure that all individualised care plans will inhibit /avoid reexperiencing of negative sensory experiences related to trauma. 	
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Section 5: Risks		
Question	Answers	Guidance Notes
What are the risks associated with your idea?	<ul style="list-style-type: none"> • Overstimulation • Ligation • Self-harm using items • Inappropriate use of room 	<p>Please tell us any of the risks relating to your idea. For example:</p> <p>Risk: Reluctance of wider team to get involved because of time pressures</p> <p>Mitigation: Involving wider team from the start and working with them to understand and include their perspective to encourage engagement and motivation</p> <p>Consider individual and organisational risks</p>
What steps have you considered to mitigate the risks?	<ul style="list-style-type: none"> • To prevent overstimulation and ensure the environment is correct for individuals to create care plans which state which items meet everyone's needs. Not utilising too many elements of the sensory room at once to prevent overstimulation. We understand what too much is different for each person, and this is why individual care plans will be completed. • Detailed risk assessments including risk items and suitability per patient. Having instructions on how to use the room safely and appropriately. • Thorough risk assessment, itinerary to check all items remain in the room. • The room will need to be used alongside staff. 	

How have you considered all the relevant organisational policies and procedures that might be relevant to your idea?	<ul style="list-style-type: none"> Ensuring any equipment purchased meets health and safety regulations. OT has helped to develop idea, is currently doing module 3 of sensory integration, with SIE due to be SIP by summer 2025. 3 Risk assessments as per hospital policy. 1-1 in higher risk areas policy to be followed. Having individualised care plans. 	<p>Examples of this may include:</p> <ul style="list-style-type: none"> Ensuring any equipment purchased meets health and safety regulations Buying in services from reputable providers who have relevant insurance and DBS certificates for staff
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Section 6: Funding

Question	Answers		Guidance Notes
What are the costs associated with your idea?	Item	Cost	<p>Please list each item separately. Ensure costs are accurate and based on quotations.</p> <p>Examples of what we may fund</p> <ul style="list-style-type: none"> Equipment, materials Coaching and activity costs One-off events Lived experience involvement fees Training costs Volunteer expenses Transport to support engagement Refreshments/room hire if no other option and will prevent idea developing <p>We cannot fund</p> <ul style="list-style-type: none"> Retrospective costs Alcohol Statutory activities Things normally funded by your organisation
	Portable Trolley x 2	All costs given	
	Feely bag for tactile discrimination		
	Body sock for tactile modulation		
	Heated blanket		
	Tactile Mats		
	Bean bag		
	3kg Weighted blanket		
	White noise machine		
	Speaker for other preferences		
	Massage roller		
	Rocking chair		
	Gym ball		
	Footprints		
	Essential oils		
	Diffuser		
	90cm tube bubble light		
	Colourful tiles		
	Mindfulness Cards		
	Mirror tunnel		

	Galaxy project		<ul style="list-style-type: none"> ○ Overseas travel ○ Cash that will be given directly to individuals ○ Political activity and campaigning
	Colouring pencils		
	Curtain wire lights		
	Suction cup black out curtain		
	Total:		
Is this the total cost of your idea or part of a larger project for which you are receiving other financial contributions?	Total cost		An example of this might be that the ward is renovating a whole outdoor space with organisation funding and this application for funding is supporting the development of a sensory garden