

Why did we take action?



To move towards a more inclusive model of assessment involving the patient, clinicians, families and carers



To align with NICE guidelines on risk assessment



To embed lessons to be learnt from historic incidents of risk



To consider the voice of those with lived experience, asking for change

What did we do?



Organised workshops with staff and persons with lived experience to reform risk assessment practices and identify systemic change required



Initiated training on the CAMS* therapeutic framework

*Collaborative Assessment and Management of Suicidality



Modernised CRAM† training to align with newly designed process and NICE guidelines



Created lived experience films featuring patients' experiences with the Trust's services

†Clinical Risk Assessment and Management

Impact



Patients and staff now work in a patient-centred, trauma-informed, collaborative manner that fosters meaningful connections



All staff now receive mandatory CRAM training every 3 years, with some staff training to become CAMS Accredited Clinicians

"This new risk assessment process will make the service user's voice more prominent"
(clinician)

"Great training - I have been reflecting on my past engagements with patients and how I could have done things differently"
(clinician)

Next steps



Measure effectiveness with monitoring, patient satisfaction, clinician feedback and reduction in risk incidents



Offer further, specialised training to support diverse patient groups



Offer regular Risk Consultation Clinics to further integrate learnings into practice and embed systemic change, whilst supporting clinicians