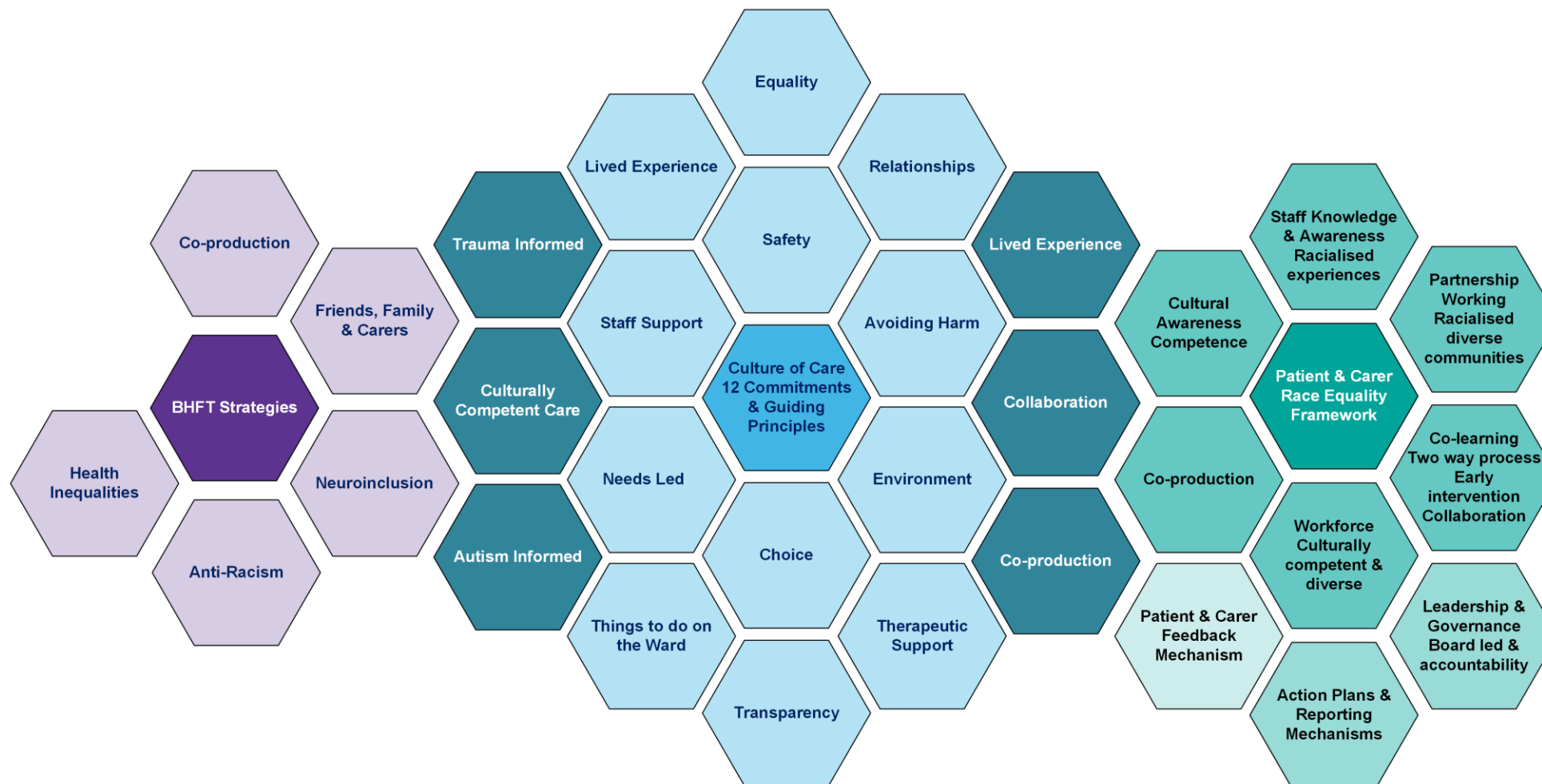


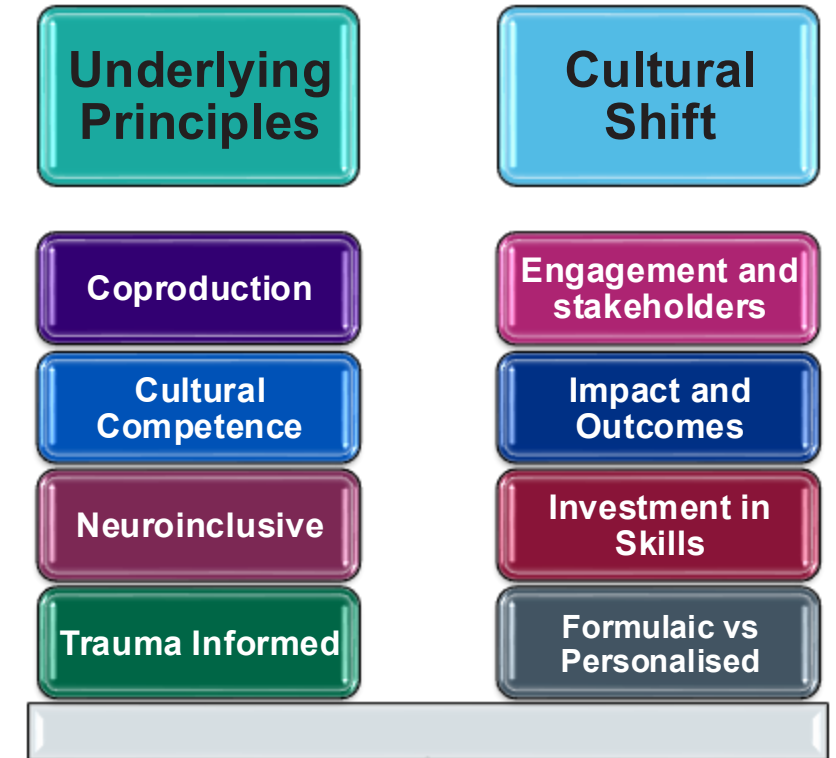
Organisational Strategies: Our links to Culture of Care



Personalised approach to risk

Aims

- Create a culture shift to therapeutic individualised risk and safety approach
- Identify workforce skills gaps and development needs based on local learning
- Improve safety and confidence in decision-making
- Better engagement with patients, families and carers through family inclusive practice
- Improved documentation – removal of risk categorisation (NICE guidance – Self Harm NG225 2022; NCHISH)



From Risk Management to Personalised Approaches



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Limitations of Traditional Risk Models

- Traditional risk management relies on checklists and documentation which often miss individual experiences and context
- Traditional approaches focus on compliance and prediction, often hindering therapeutic relationships and recovery.

Challenges Faced by Service Users

- Patients may feel labelled and mistrusted, which reduces engagement and erodes trust in care

Need for Personalised, Compassionate Care

- A personalised approach recognises trauma and relational dynamics, promoting empathy and co-produced risk understanding.
- Personalised risk recognises dynamic, relational factors and promotes therapeutic growth through collaboration.

Cultural Shift in Care

- Shifting to personalised approaches requires compassion, psychological safety, and integration into organisational culture.

Alignment with Policy and Culture

- Transformation supports transparency, psychological safety, equity, and shared responsibility in care cultures.

Steps on our journey



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Stakeholder Engagement

- Identification of key stakeholders
 - Internal – clinical and corporate teams e.g. patient safety
 - External – local authority, VCSE partners, families and carers, CommUNITY forum, Coroner
- Early engagement to outline reasons and benefit for change
- Capture perspectives and include within redesign
- Recognise impact on partner organisations' processes

Lived Experience and Quality Assurance

- Involving lived experience and meaningful quality assurance fosters human-centred sustainable practices.
- Nurse Consultant-led evaluation and peer review of documentation
- Acknowledging shared perspectives – professional and patient/family
- Active listening and building professional trusted relationships
- Utilise local learning to inform what we are doing
- Display leadership values – shifting our clinical lens from what's wrong with you to what's happened to you

Documentation Redesign

- Documentation is redesigned for narrative and contextual thinking rather than binary checkboxes
- Initial feedback from staff – feelings of being unsafe/anxious re: moving away from categorisation
- Coproduction – safety plan completed in collaboration with patient/family

Steps on our journey



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Comprehensive Training

- Reviewed training to focus on relational skills, trauma-informed care, and collaborative advanced communication skills
- Emphasis on how people can be compassionate, clear, sensitive and active listening, how to validate emotions of others (including tone of voice and body language)
- Using trauma informed language in all settings including with colleagues
- Support staff to use new processes/forms and retain clinical skills to be curious and confident in their application

Reflective Spaces

- Regular, psychologically safe reflective spaces support supervision, debriefs, and team learning
- Nurse Consultant Network providing flexible coaching, supervision, reflective practice and targeted support to teams/individuals

Navigating complex system challenges including social/economic pressures

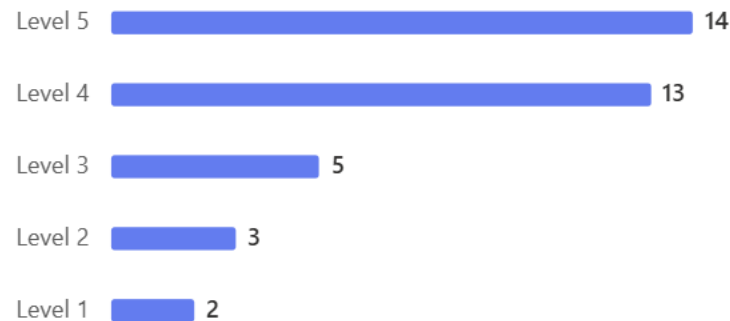
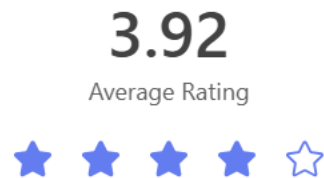
- “The Way We Live Now” – understand challenges of services, systemic social pressures and influences
- **Patients:** Impact of digital innovations on social isolation and social connections
- **Staff:** Capacity of mental health teams to adapt to constant changing practices - mindful of impact on teams potential fears and anxiety



Patient & Carer feedback – New approach to assessment, risk, safety & care planning

- SMS text message delivered to 865 patients
- 44 responses - 5% response rate
- 31 Patients/Service User; 5 Friends, Family, Carers; 8 Other

How would you rate your experience of this assessment?

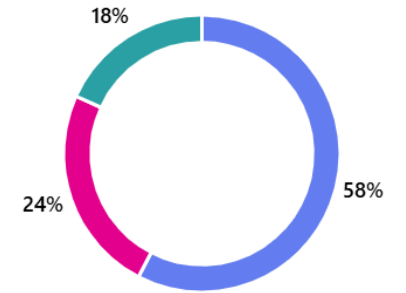




Initial analysis

Do you have a named worker?

● Yes	19
● No	8
● Not sure	6



Do you understand your care plan?

● Yes	17
● No	16

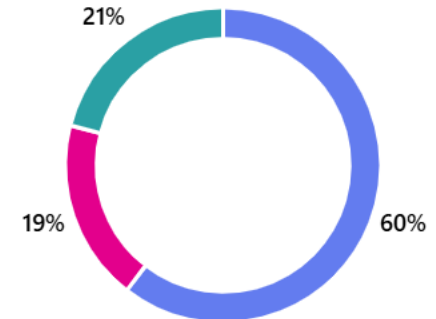




Risk & Safety Planning

Did you have or were you involved in a risk assessment & safety planning conversation?

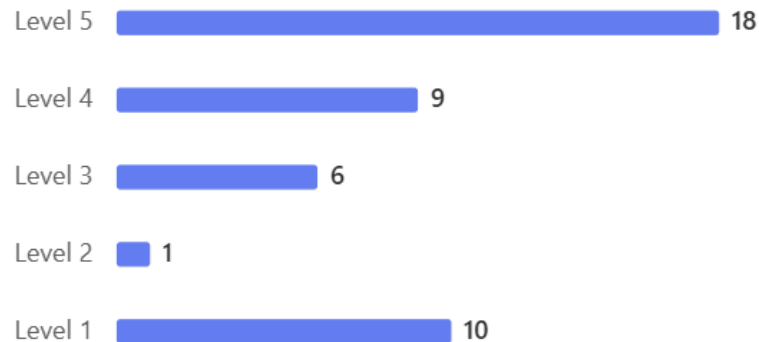
● Yes	26
● No	8
● Not sure	9



How involved did you feel?

3.55

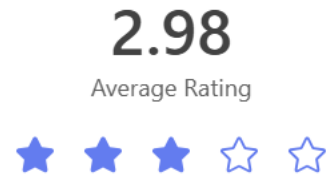
Average Rating



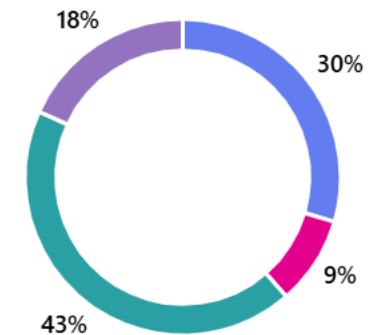
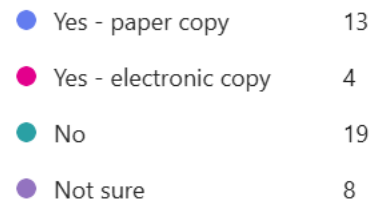


Risk & Safety Planning

Have you used the safety plan, or supported someone to use the safety plan, when there have been changes in thoughts and feelings?



Were you given a copy of the safety plan?





Quotes



- It was definitely a **meaningful conversation** and I found it much better than the risk assessment form I completed before
- Much **more focussed** – it felt comfortable and manageable
- I was **part of the conversations** and I felt this a meaningful process and a strong indication and **reminder I have ownership of this plan** and I am accountable and responsible for it
- This has been **very compassionate and person centred**. The people from MICHS, the assessor and the person from IPS appear very **knowledgeable and kind**
- I have recently completed CBT with XXX at Bracknell CMHT and it helped me a lot... Everyone I encounter at Berkshire health treated me with so much **kindness, respect, attention, compassion and excellence in their roles**
- Very pleased with care and people who have been involved. I feel **listened to and confident to ask for help when I need it**
- Even if I felt I didn't need it, clearly I did and I'm **thankful for the support**



Quotes



- To have a **copy sent to the caregiver** too so as they can support the person. There needs to be **better communication**
- I have **no idea who my care worker** is or if I even have one. I have had no contact with them. I do not have a care plan and my assessment was **incredibly poor**
- I think there needs to be **more communication** and better communication. My issues are the same and not dealt with. **Feel let down**
- Did not feel there was really any care and have **not been involved in any decisions**
- I **wasn't listened to** at times even when my daughter was in distress. It was a real **battle to be heard** as there's **a lack of resources** and there seemed to be a **script of help that you had to go through whether or not it was going to make a difference**
- **The system still has its flaws, there's some staff that are great and some that make you feel like a pain to them.** I think not only **supervision should be regular but also monitoring burn out of staff as this impacts the patient**



Information for friends,
family and carers

Concerns about Safety Panel

Please note: The Panel is **not an emergency or crisis service**. If you think there is an immediate risk or danger, please contact the CRISIS team on **0800 129 9999**



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What is the Panel for?

- Opportunity for friends, family members or carers to raise their worries or concerns about the patient's care and/or treatment, specifically related to safety.

Who makes up the Panel?

- Senior members of Berkshire Healthcare and independent staff based on their expertise and experience, including clinical and medical representatives.

Who can contact the Panel?

- Friends, family members or unpaid carers who provide help and support to an individual accessing Berkshire Healthcare mental health services.

What is the referral criteria?

- The patient must be accessing Berkshire Healthcare Mental Health services
- You're concerned about risk or unmet need linked to discharge
- You're worried that a lengthy or protracted admission is causing harm
- You're anxious about the patient deteriorating from a safety perspective and you feel your concerns have not been heard.

When should I contact the Panel?

- After you have spoken to the Ward or service team responsible for the patient but feel your concerns have not been heard or understood

How do I contact the Panel?

- Scan the QR Code and complete the self-referral form.
- Call **0118 904 3467** or email PALs@berkshire.nhs.uk if you require help with the form.
- Within 48 hours* of receiving your referral form, we'll contact you to agree a date & time to meet

* Working days Monday - Friday

 forms.office.com/e/d6pagZfjD4



Scan me

Concerns about safety panel - Summary

Number of activations:

Launched April/May 2025
Total: **4 – all appropriate**

- October – x 2
- December – x 1
- January 2026 – x1

Concerns raised by:

- Husband
- Parent(s) x 3
- Patient consent not a barrier to hearing concerns
- 3 out of 4 patients aware

Emerging Themes:

- **Discharge** – listening to and involving carers. Clear & meaningful communication
- **Hearing carer voice** – carer perspective of patient deterioration or reaching crisis
- **Challenges** of working across multi-agencies and impact on effective communication
- Support for **young adults** and embedding engagement with their support networks across the pathway – **culture of partners in care**
- **Complexities of neurodivergent patients**
- **Lack of sharing information and safety plans** etc. Need for **earlier family involvement**.
- Potential **lack of trust** from families in follow up or community services
- Families also raising **complaints**

Additional Considerations:

- Nurse Consultant Network resources:
 - Meeting with family
 - Panel meeting & write up
 - Follow up comms and meeting (if required)
- Families/carer required on-going support from panel members
- Medical representative required on panel where concern includes medication. Capacity of medics to attend safety panels
- Avoid jargon/clinical language
- Process to capture learning

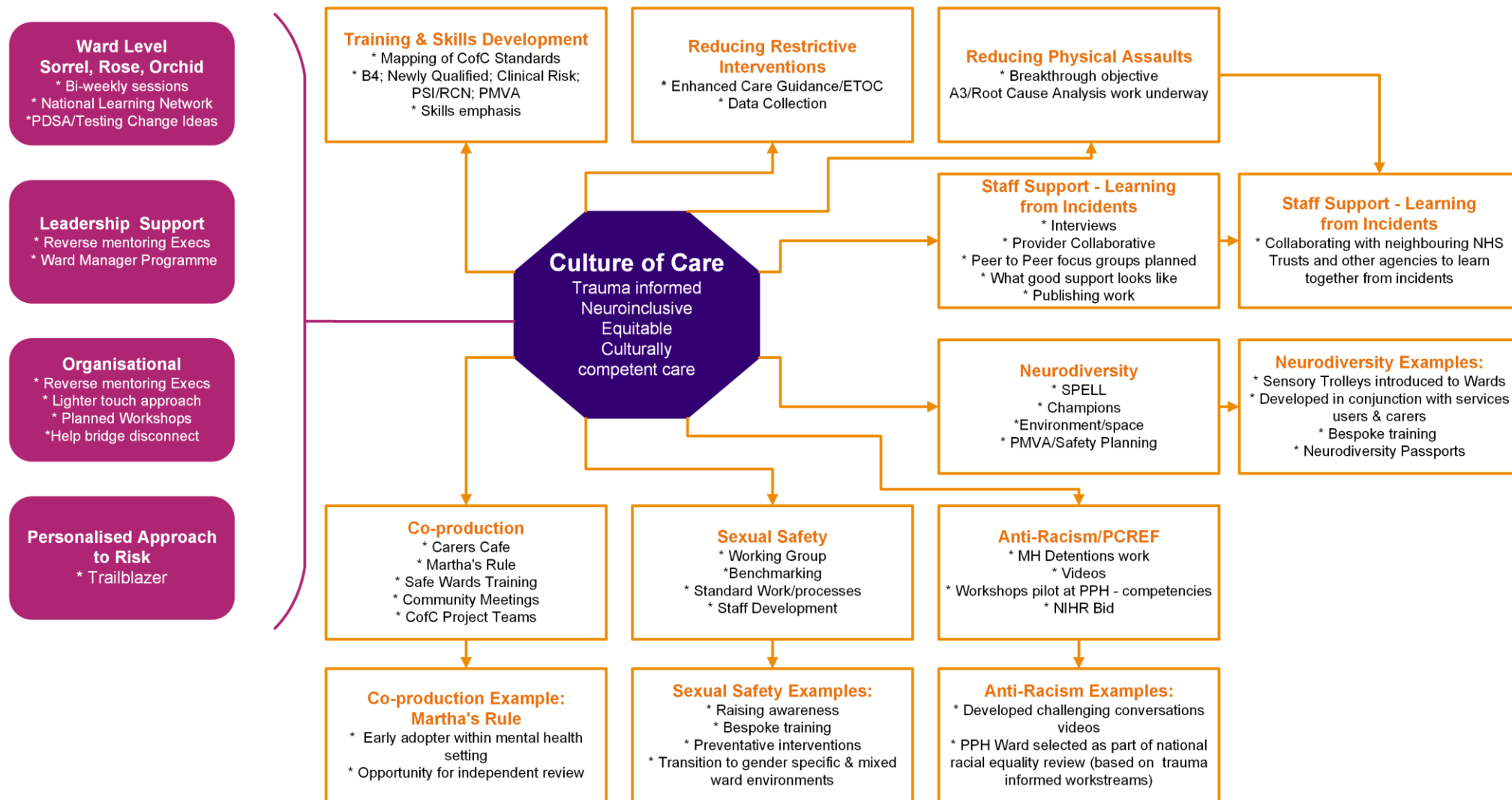
Services Involved:

- Inpatients (PPH)
- Community Mental Health Services (Wokingham)
- Learning Disability teams
- Crisis (CRHTT)
- Psychology

Resources:

- **Core members:** Chair (Senior Nurse Consultant); Nurse Consultant(s); Clinical Governance; Strategic Carers Lead
- **Panel experts:** Clinical Director/Head of Service/Clinical Lead or similar
- Specialist medical advice (medication concerns only)

Strands woven together by shared principles



Personalised approach to risk: Our links to Culture of Care

**Consistent behaviours, values and systems that
prioritises humanising care**

- Empowering staff
- Use of reflective practice
- Compassionate curiosity
- Blame is replaced with learning
- Psychological safety
- Access and inclusion considerations
- Coproduction
- Audit and peer reviews



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Thank you



 www.berkshirehealthcare.nhs.uk