Edition 2—November 2014

Collaborative Risk Assessment Bulletin

Yorkshire and Humber CQUIN Group

Collaborative Risk Assessment

Next meeting:

6th January 2015

Sandal Rugby Club

2 – 4

At the last Collaborative Risk Assessment CQUIN Group on the 4th November we had a presentation from Phil Coombes who is the lead psychologist from Raphael Healthcare. He wanted to come and present the work that is taking place on a new Forensic version of the GriST Risk Assessment Tool which is currently being piloted.

The presentation is available separately to this bulletin, but a few slides, as well as the groups feedback (pro's and con's) that people present thought of following the presentation can be found on **page 4** of this bulletin. Here is a link in case you want to go and see the tool in action for yourselves http://www.egrist.org/

The next part of the meeting consisted of a presentation from the Psychology team at TEWV, who presented lots of information about how their training is going so far. The presentation can again be accessed separately to this bulletin, however a summary of it can be found on **page 2**. There was lots of detail about the barriers that they had come up against in the process and how these had been overcome. These barriers will be a common theme for other services when implementing their own training package so hopefully everyone will find this information useful.

Services then shared information about where they are up to with their training packages. This can be found on **page 3**.

We hope you find this bulletin useful. If anyone would like to be involved in presenting at the next Risk CQUIN group on the 6th January 2015, then please get in touch with:

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Inside this Issue

COLLABORATIVE RISK ASSESSMENT AND SAFETY PLANNING TRAINING

TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST

Abbie Woodhouse & Lucy Apps

INITIAL IDEAS

- Time of sessions – community meeting times
- 3 sessions based on each ward
- Posters to promote dates on each ward
- Personalised invites to each service user
- Pictures, practical work & scenarios
- Registers to monitor attendance
- Feedback forms
- 'Goody bags' – pens, certificates
- Summary hand out – adapted for level of understanding

INITIAL HURDLES

- Attendance
  - lack of communication
  - staff did not recognise training was for them
  - new members of staff facilitating training
- Risk – knowledge of patients, staff support, ward briefing
- Questions – processes new to facilitators
- Negativity – staff perception and attitude

INITIAL HURDLES

- Location of sessions
  - day rooms/activity rooms
- Session times
  - often community meeting times changed
- Staffing changes during sessions – disruptive
- Content – triggers
- Dynamics within the group
- Appropriateness for specific wards

WAYS OF OVERCOMING BARRIERS

- Attendance
  - Attended Ward Managers meetings (FLD & FMH)
  - Update emails showing where we are in relation to the target
  - Contacted wards before sessions
  - Full list of dates circulated to ward managers and clinical leads
  - Staff may attend **any** session
  - Away days
  - Flexibility in date/times of sessions

WAYS OF OVERCOMING BARRIERS

- Speak to nurse in charge before session
- At least one member of staff present throughout session
- Being prepared to cancel if risk issues are not addressed
- Keeping a session-by-session log
- Delegating responsibility
- Staff must be present for full session to receive certificate
- Adapted materials for specific wards

WHAT WE HAVE LEARNT

- Face-to-face contacts beneficial
- To be more firm in relation to risk issues during sessions
- To be prepared to cancel sessions
- Increased understanding of recovery and risk frameworks
- Patient involvement and contribution valuable – good experience for all
- Considerate of staffing issues but mindful of the need to achieve target
- Confidence ensuring negative attitudes do not set tone of sessions

WHAT'S NEXT?

- Encouraging patients to take more of a leading role
- Attending away days
- Adding onto other training packages
- Use of risk video
- Train off the ward as much as possible
- Aiming to train 20% of qualified clinical staff each month
- Facilitating training for those on long-term sick/maternity?

Notes from Risk Assessment COUIN Group 4th November

Where are services up to with the Collaborative Risk Assessment Training?

- Pack is developed
- 2 members of staff trained to roll out
- Next stage communication

- 2nd meeting to take place on Friday
- Staff reps have been agreed from all areas
- Patient reps to be confirmed
- Sessions to take place off the wards
- Time scale, to be completed by end of March

- Not started
- Difficult to get staff and service users together
- What can be improved – communication

- Worked well
- Driven by multiple professionals, teams so there was force behind it
- Expert patient involvement
- Interest from patients and staff
- Recovery college – more in depth
- Expanding existing practice
- Realisation that staff want to involve patients more (from patients view)
- Numerous benefits long term and short term for staff and patients
- Real life examples and reflections
- Service user understanding of risk
- Individualised – everyone can be involved even where do not want to attend formal training (examples that they can relate to)

- Psychologists taking this forward
- Training needs analysis report
- Series of interview questions delivered to 8 patients and 12 staff form the basis of the training package
- Identified issues, including that patients on the whole will want to be involved, but some were not motivated.
- Model of training
- Have a draft copy of the training manual
- Aims, objectives, pre training preparation, training delivery, training content
- Have a presentation about promoting and implementing collaborative risk assessment training

- Using soap characters/fictional case studies to do risk assessments on—easier to think about risk in relation to other people. Helps to understand the process and meaning of risk assessment

GriST & myGRiST

PHIL COOMBES

LEAD PSYCHOLOGIST

RAPHAEL HEALTHCARE LTD

RATIONALE FOR GRiST

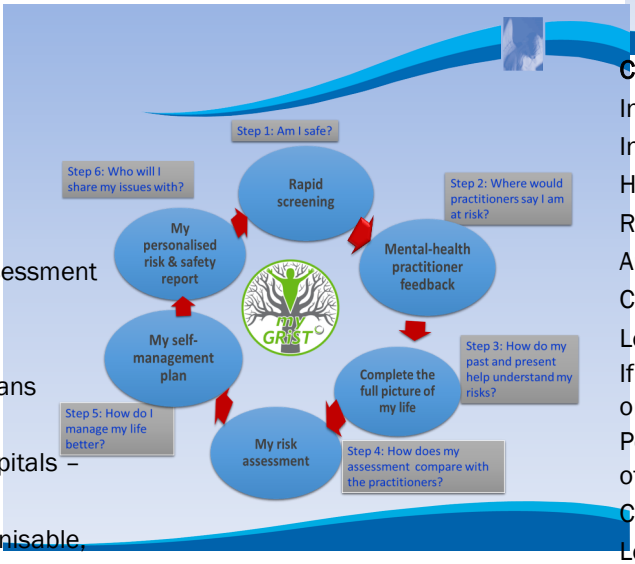
- **Encapsulate risk expertise**
  - suicide, self-harm, harm to others,
  - self neglect, vulnerability
- **Make it universally accessible**
  - without specialist training
  - across all practitioner disciplines
  - across all clinical services
  - into the community
- **For anyone to use**
  - specialist mental-health practitioners
  - front-line services outside mental health
  - service users
  - carers

VISION FOR myGRiST: A TOOL TO HELP SERVICE USERS

- **Self-monitor and self-manage risk**
- **Understand factors in their lives that influence risk**
- **Make decisions about how and when to intervene to reduce risk**
- **Own their own history and risk profile**
- **Communicate with Clinicians and others about risk**
- **Share in risk management decisions**

PROS

Straight forward
Individualised
Encourage discussion
Working together
3 stage MDT
Continuity
More in depth
More say in own risk assessment
More involvement
Gain IT skills
Helps to develop care plans
Government funded
Follows you through hospitals – journey
Would be familiar, recognisable, informed



CONS

Internet access
Initial assessment would be time consuming
Having enough staff to escort to computer rooms
Repetition in the beginning
Another risk assessment to complete
Conflict
Length of time it takes to complete
If in community people may not be aware if some-one completes My Grist and says they feel risky
People in community may not be honest due to fear of being re sectioned
Could lie easily – (any risk assessment?)
Level of insight
Technological ability – access of staff/service users (technophobia)

COLLABORATIVE RISK ASSESSMENTS

Indicator name	Collaborative Risk Assessments - Education
Description of indicator	The provision of an education training package for patients and qualified staff around collaborative risk assessment and management.
Rationale for inclusion	Currently very few users of forensic services are actively involved in their risk assessment and developing their risk management plan. The Department of Health 'Best Practice in Managing Risk Guidelines 2007' advises that a collaborative approach involving service users should be used in the risk assessment process. My Shared Pathway (a previous Secure Service CQUIN) promotes collaborative approaches to a service user's care and treatment provided by secure services. Further more, recovery approaches emphasise that risk management should be built on the recognition of the service user's strengths and should emphasise recovery, and this is more likely to be achieved using a collaborative approach.
Final indicator period/date (on which payment is based)	Q2 Report by the provider detailing the education package the provider has developed for staff and service users about risk assessment and risk management. The training will encompass a wide range of risks (including positive risk taking), and will not be limited to just risk of violence. The training will be provided jointly to both staff and service users in order to promote discussion (It is recognised that not all staff would be able to attend joint sessions and so provision should be made for the training to be delivered to them with service user reflections from joint training reflected in this). The report will explicitly specify how the training package will support the eventual goal of risk assessment and management plans being developed in a collaborative manner between the service user and the clinical team (and specifically, training on how to approach and conduct a risk assessment in collaboration with a service user). Q4. Written report by the provider detailing the delivery of the educational program to staff and service users about risk assessment and risk management. 90 % of qualified clinical staff to have received training in collaborative risk assessment. All service users to have been offered relevant education and training or, if not clinically well enough, detail in their care plan as to when training will be offered.