



# Collaborative Risk Assessment Bulletin



## Yorkshire & Humber CQUIN Group

### Collaborative Risk Assessment

Next meeting:

12th March 2015

Sandal Rugby Club

2-4

At the last Collaborative Risk Assessment CQUIN Group on the 6th January we looked at what everyone thought the Benefits, Impacts and Outcomes of the Collaborative Risk Assessment CQUIN were. We asked everyone to write something for each of these on Post it notes on the tables and then had discussions around these in terms of developments and plans to further develop these going forward. The information from this part of the group can be found in more detail on **Page 2**.



We hope you find this bulletin useful. If anyone would like to be involved in presenting at the next Risk CQUIN group on the 12th March 2015 about the work that is happening in your service, then please get in touch with:

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The next part of the meeting was used to have a look at the Collaborative Risk Assessment section of the Benchmarking Tool that is being developed. We asked everyone to come up with some possible standards around this that can be included in the benchmarking tool. More information can be found on **Page 3**.

At the end of the meeting we asked everyone to input into the agenda for the meeting on the 12th March as we want to make sure we cover the issues that are important to everyone, particularly towards the end of the reporting period for Quarter 4. The **agenda** can be found on **page 3**.



## Notes from Risk Assessment COUIN Group 6th January 2015

### Benefits

#### Benefits of having the CQUIN and collaborative training

Opening up equal, non-judgemental discussion

Seeing risk as a general concept—not just negative risk

Positive risk taking

More understanding of risk assessment

Less frustration as understanding of the process

Gaining a clearer picture of risk levels

Service users recognising risk factors

Building a better rapport between staff and patients. Building trust

Second chance on old risks. Leave old risks in the past

Educating service users on risks

Patients will know the process and different risk factors and risk assessment

Patients taking responsibility for risks

Positive risk taking vs not simply discussing risks which should be avoided.

Staff more knowledgeable in client's risks

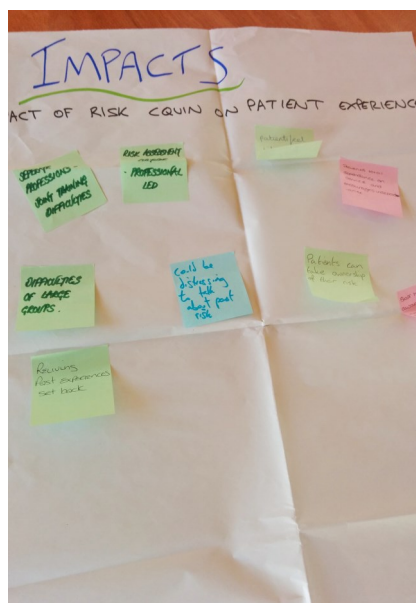
Feel more listened to

Get to see patient's insight into risk

Not patient involved alone – staff input!

MDT approach – open forum for positive progress

Empowering



### Impacts

#### Impact of risk CQUIN on patient experience

Separate professions - joint training difficulties

Difficulties of large groups

Reliving past experiences – set back

Risk assessment culture – professional led

Could be distressing to talk about past risk

Patients can take ownership of their own risk

Patients feel like they have a say

Prevents total dependence on service and encourages independence

### Outcomes

#### Outcomes of the CQUIN and the training for service users, staff and organisations

Promotes responsibility and independence

Identify treatment targets more clearly if staff and patients are involved in risk assessment

Questions why certain practices are in place

CQUIN criteria – negative views with finances attached

People moving on faster?

Empowering our service users

Increased confidence of service users and staff in collaborative practice and risk assessment

Changing culture to be more patient centred

More comprehensive risk assessment

Feel more comfortable to talk about risk in ward rounds

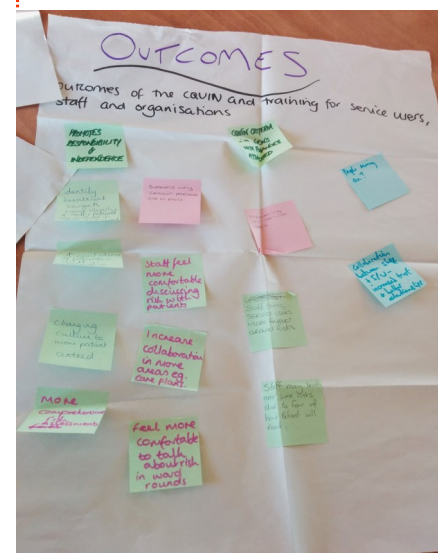
Increase collaboration in more areas. E.g. care plans

Staff giving service users more support around risks

Staff may brush over some risks due to fear of how patient will react.

Collaboration between staff and service users could lead to

increased trust and better relationships







## Notes from Risk Assessment CQUIN Group 6th January 2015

### Standards for Benchmarking Tool

We are currently in the process of developing a benchmarking tool around involvement and one of the areas that will be included is around collaborative risk assessment. We worked in 2 groups to think about some of the standards that could be included in this section of the tool.

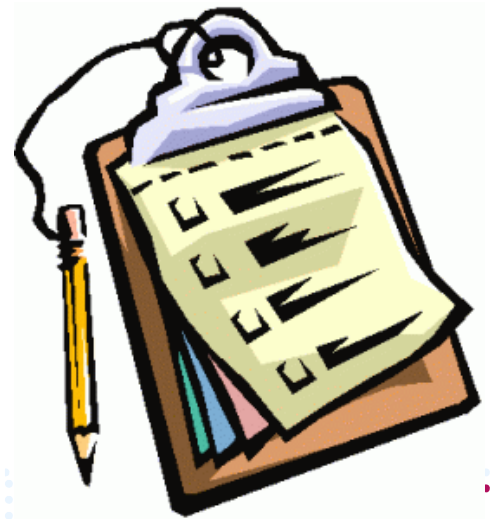
#### Group 1

- The patient to communicate their own risks and have understanding of them
- Training open to all staff and all patients
- Service users to have an equal say in risk assessment
- All training to be collaborative
- All patients to be given the choice to how the training is given
- Regular updates – annually
- Resources around at all times
- Service users to deliver the training
- Evaluation tool as part of audit trail
- Everyone to fill in a survey
- Focus on positive risk assessment, positive outlook and motivation and recovery



#### Group 2

- Ensure all patients have the opportunity to be involved – repeated opportunities!
- Ensure all staff have continued opportunities
- Expectation that all qualified staff attend training
- All staff and patients are prepared and willing for implementation
- All risk discussions documented and contribute towards risk assessments
- Promote open, adaptable, flexible approach towards risk assessment
- Ensure all aspects of risk are discussed/ addressed
- Awareness of risk reduction and future planning
- Increased patient involvement and ownership
- Regular MDT reviews
- Continue to promote collaborative risk assessment through clinical governance



### Agenda for 12<sup>th</sup> March

- ⇒ **Logistics of training process and reporting**
- ⇒ **Last minute reporting queries**
- ⇒ **Feedback about how to engage people who don't want to be involved in the process – top tips**
- ⇒ **What next in terms of next year's CQUIN agenda and keeping things going**
- ⇒ **Feedback on benchmarking tool and Risk section**
- ⇒ **Possible presentation**

# 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	<p>Currently very few users of forensic services are actively involved in their risk assessment and developing their risk management plan.</p> <p>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. Furthermore, 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.</p>
Final indicator period/date (on which payment is based)	<p><b>Q2.</b></p> <p>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).</p> <p><b>Q4.</b></p> <p>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.</p>

**The Collaborative Risk Assessment CQUIN will be continuing into 2015—16, however indicator information has not yet been finalised; so.....watch this space :-)**

