



Collaborative Risk Assessment Bulletin 4



Yorkshire & Humber CQUIN Group

Collaborative Risk Assessment

Next meeting:

26th May 2015

Sandal Rugby Club

2 – 4

Forensic Services
Newton Lodge, The Bretton Centre and
Newhaven

Sarah Jenkins, Stacey Hayton and Adrian
Wilson

South West Yorkshire Partnership
Foundation NHS Trust

At the last Collaborative Risk Assessment CQUIN Group we had a presentation from Newton Lodge, the Bretton Centre and Newhaven about their Collaborative Risk Assessment Training and the 5 W's model that they are using. There were a lot of services present at the meeting and the presentation provoked a lot of discussion amongst the group which everyone found this really useful and interesting. You can find the slides from the presentation that they did on **Page 2 and 3**.

The next part of the meeting we asked everyone to discuss and write down their Top Tips for engaging and involving people in the collaborative risk assessment process. You can find this information on **Page 4**.



We hope you find this bulletin useful. If anyone would like to be involved in presenting at the next Risk CQUIN group on the 26th May 2015 about the work that is happening in your service, then please get in touch with:

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At the end of the meeting we looked at the Benchmarking Tool standards for the Risk Assessment section. You can find this on **Page 5**.



New CQUIN Information for 2015/16 - See page 6!

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Currently very few users of forensic services are actively involved in their risk assessment and development of 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. 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.

A CQUIN target for 2014-2015 was the development of an education training package for patients and qualified staff around collaborative risk assessment and management. This CQUIN takes forward the practical application of the training.

Our model for understanding risk:

- What sorts of things do we think about when we assess risk?

Forensic Services

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The 5 Ws Model

- What the problem or risk actually is

The 5 Ws Model

- What were the things that set the risk off?
- "Why now?"

The 5 Ws Model

- What things might make the person continue to be a risk?

The 5 Ws Model

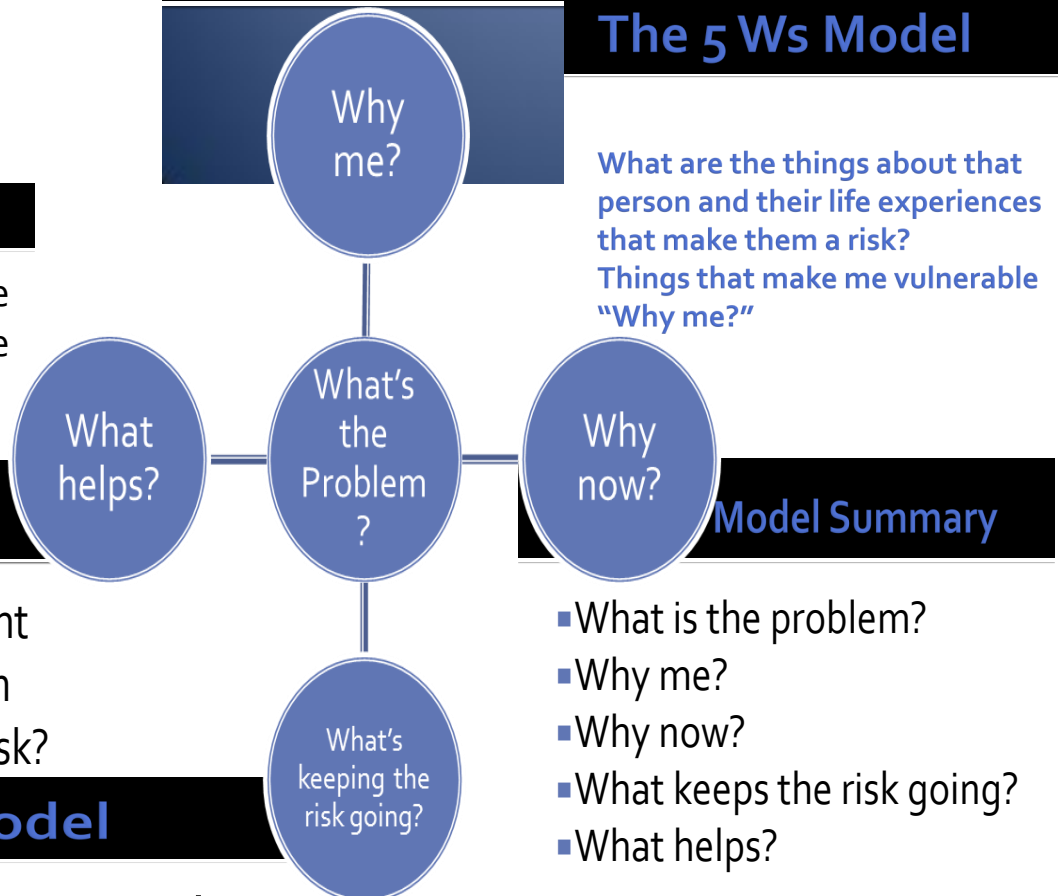
- What things might make the person less risky?
- "What helps?"

What we thought might be difficult for people

- We might not always agree on what actually happened
- Not wanting to think about something bad that has happened – it feels like a punishment
- Prefer to leave things in the past

The 5 Ws Model

What are the things about that person and their life experiences that make them a risk?
Things that make me vulnerable
"Why me?"



What we thought might be difficult for people

- It is hard when someone is asked to think about themselves as someone who might do something risky – we all prefer to think of ourselves as good people if possible
- We might be worried about what others will think of us
- Someone might not be well enough or ready to think about bad things that have happened

What we thought might be difficult for people

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Making it easier to talk about risk

- Hear both sides of the story – get as much information about the risk as possible and recognise and accept different viewpoints – everyone has something valuable to add

Making it easier to talk about risk

- See risk assessment as a way of making progress and not as a punishment
- Recognise that the service user is an expert about their own life experiences and listen to them
- Not judging, just trying to make sense of what happened

Doing the training....

- It was difficult to find time to train staff – we found that ward away days were helpful
- Ward champions needed reminding and encouraging!
- Service user training was difficult to fit in too but some service users happily came along to a meeting when invited. Others said they did not feel like doing the training on that particular day – it was hard to re-arrange training.

Feedback from the training

- We found that when we trained staff separately and serviced users separately in groups there was a better discussion and people made lots of comments

What sorts of things could make talking about risk easier?

- We would all feel uncomfortable if we were asked to talk about something we have done which we would rather forget about

Making it easier to talk about risk

- Work together to understand risk only when we have a good relationship and feel comfortable with each other
- Understand that a service user needs to be in the right place to be able to look at difficult past events – so do the assessment at the right time

Feedback from the training

- The training was done to groups of staff (training ward champions, staff away days, etc.)
- The training was done for service users – for example in a United minds meeting
- The training was done to groups of both staff and service users

Feedback from the training

- Staff said it helped them understand risk more
- Staff said it was too simple
- Service users enjoyed it and felt more involved in their care

How should we train in the future?

- Consider separate groups for staff and service users to promote discussion
- Perhaps have joint groups to think more about how to use the risk training



Feedback on engagement—Top Tips for Involving people



Top Tips for Involving people

Don't call it training—approach should be a forum, product

Informal including coffee and encouraging discussion of the groups.

Graphics

Patient centric—involvement

Staff to have time to dedicate to production

Variety of options and explanations

Make it accessible

Marketing

Explore why people don't want to be involved—staff and patients (staff more set in stone)

Engagement

Top Tips for Involvement

Patient/buddy's to lead

Making sure the individual has their say and not leaving them out

Work at their own pace

Timing—perhaps not just after admission

Making information accessible

Relationships—be friendly and honest

Not too formal

Promote it



Top Tips

Staff induction to involve Service Users

Service User led training

No PowerPoints!

Brief

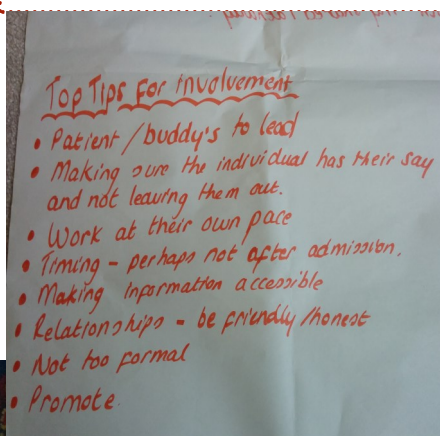
Cigarette breaks

Handovers

Environment

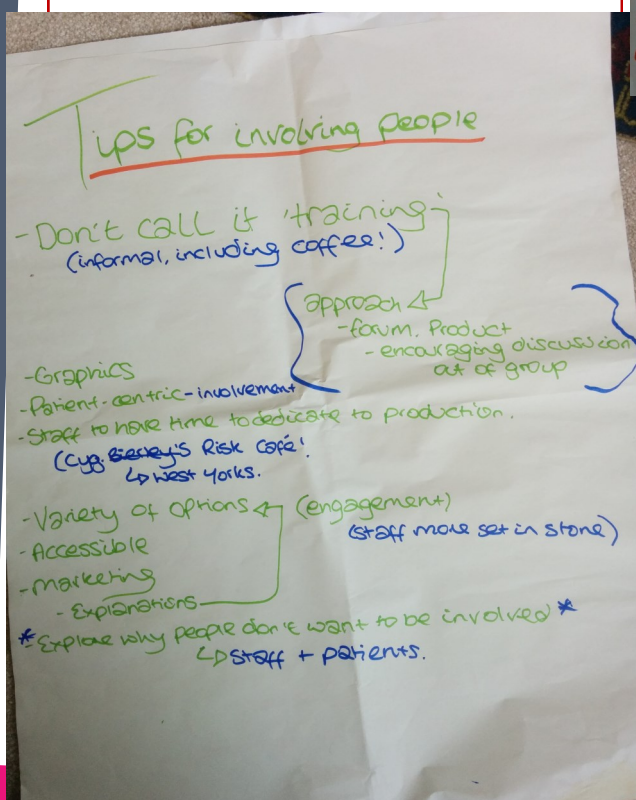
Hot drinks

Certificates



The Risk Café

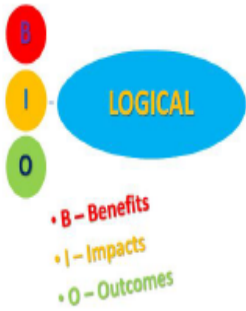
Cygnets Bierley have created a forum for these discussions to take place called the Risk Café. This is a weekly forum where risk is discussed in an informal setting and each week the discussions centre on a different aspect of risk. Like the Top Tips above the Risk Café ensures the meetings are advertised, informal, drinks available etc. More information about this can be accessed on request.





Benchmarking Tool standards

5. Collaborative Risk Assessments



Benefit – Opens up equal, non-judgemental discussion. Service Users take more responsibility of their risks and safety

Impact on Patient Experience – Service Users take ownership of their risks. Prevents total dependence on the service, encouraging independence

Outcome – Identify more comprehensive treatment targets if both Service Users and Staff are involved in assessments. It helps to empower Service Users

Score Key	
3	Standard fully implemented
2	Action in progress
1	Recommendations agreed but not yet actioned
0	Recommendations never actioned (state reason)

Standards	Score	Evidence
1. The purpose and outcome of risk assessments are explained to service users		
2. Service users are able to understand and communicate their own risks and so have more ownership of their safety planning and recovery		
3. Service users have an equal say in discussions around all elements of their risk assessment and safety plans		
4. Service users have repeated opportunities to be involved in their assessment of risk		
5. All discussions around risk and safety are documented and contribute towards the collaborative risk assessment process		
6. An open, flexible and adaptable approach to risk assessment is promoted		



- Can we change the word Collaborative to.....?
- ⇒ Joint working
- ⇒ Team working
- ⇒ Working together
- ⇒ Sharing together

7. All elements of risk are discussed and addressed, including positive risks	
8. All staff and service users are aware of risk reduction and its impact on future planning and recovery	
9. Collaborative risk assessment processes are promoted through clinical governance structures to continue its status and importance	
10. Collaborative training around risk assessment is open to all staff and service users, although there is an expectation all qualified staff have attended	
11. Service users are given the choice of how the training is given and how they would like to be involved	
12. All service users interested in delivering the training are supported to do so	
13. The focus of the training includes a positive outlook on risk assessment to motivate people to attend and promote recovery	
14. Continued training opportunities are provided. Resources such as work books, e-learning packages are available at any time people would like to access them to support the learning process	
15. An outcome of the training is that all staff and service users are willing and prepared to undertake collaborative risk assessments and the development of safety management plans	
16. An evaluation process of the training is undertaken including a measurement of outcomes and number of collaborative risk assessments completed	



CQUIN Guidance 2015/16

Indicator name	Secure Service User active engagement programme (to involve all secure service users in a process of collaborative risk assessment and management)
Description of indicator	The provision of an active engagement programme to involve all service users in a process of 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.</p> <p>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>Q2. The provider is to undertake a baseline audit for the beginning of Quarter 1 demonstrating the nature and extent of service user involvement in the development of their risk assessment and safety management plans</p> <p>The provider is to develop an education and training programme regarding risk assessment and safety management for staff and service users.</p> <p>The provider is to develop an evaluation tool for assessing the impact of the education and training programme regarding risk assessment and safety management that has been provided to staff and service users. This tool should include assessments of staff and service user satisfaction with the process. The provider should produce a report on the findings and recommendations for ongoing development of the programme and the embedding of the collaborative process.</p> <p>The provider is to produce an action plan for further development and /or delivery of the programme in response to the evaluation report.</p> <p>The provider is to produce evidence of progress against the action plan</p> <p>The provider is to develop an evaluation tool for assessing the extent of ongoing service user involvement in developing their own risk assessment and safety management plan.</p> <p>The provider is to re audit the nature and extent of service user involvement in the development of their risk assessments and safety management plans for end of Quarter 2.</p> <p>Providers to produce evidence that 50% of service users have collaborated in development of their own risk assessment and safety management plan. If 50% not achieved then a clear rationale for this needs to be provided and a remedial action plan produced.</p>