



Collaborative Risk Assessment Bulletin 5



Yorkshire & Humber CQUIN Group

Collaborative Risk Assessment

Next meeting:

8th September 2015

Sandal Rugby Club

2 - 4

We hope you find this bulletin useful. If anyone would like to be involved in presenting at any of the Risk CQUIN groups about the work that is happening in your service, then please get in touch with:

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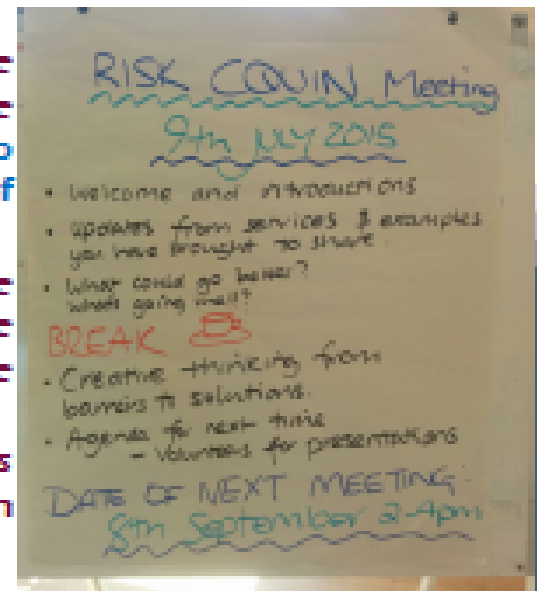
At the last Risk CQUIN meeting on the 9th July we asked everyone to bring examples of what is happening in their service to Update everyone. This can be found on [page 2](#).

We then looked at [Benefits](#)/what was going well on [page 3](#) and [Barriers](#)/what could go better on [page 4](#)

After the break we picked one of the barriers — “How to find evidence of Collaboration”

and used a creative thinking technique to look for some ideas and solutions.

These discussions can be found on [pages 6 and 7](#).

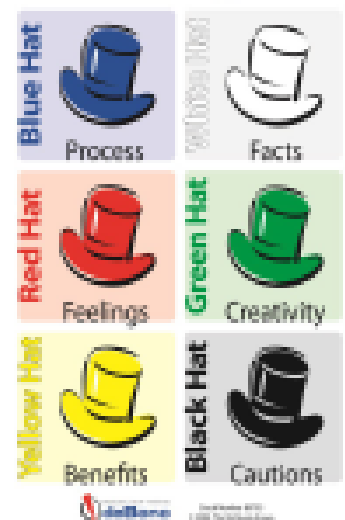


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We use a creative thinking technique called the 6 Thinking Hats by Edward de Bono to help us to get the groups thinking in a creative way and to help frame the discussions which is really useful. You will see the use of the hats in this bulletin but you do not have to know about, remember or learn any of the hats to take part in the discussions or to read and enjoy this bulletin!

Six Thinking Hats®



Update from services

- Training – re do training –
- new service users and re cap –
- also for all staff
- Developed evaluation tool for baseline audits
- Questionnaire format
- Is it collaborative?
- Have they attended?
- Do they talk about risk in 1:1's?
- Does it feel collaborative?
- Not just 'clinical' risk
- Risk Assessment
- Risk management plan



Aiming for weekly session on collaborative risk assessment
TIME

Individualised – rolling program
5 Week course (1 hour sessions)
– each session building on the last one

Case study – soap character

Positive risk

Introducing new risk assessment tool – START – will need new training

Evaluation Tool

Given to everyone at the training

Risk management plans – nursing 1:1's

Pre CPA meeting to capture risk

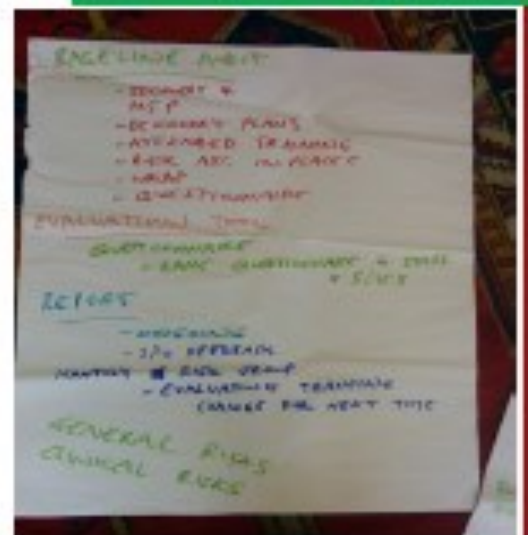
Baseline Audit

- Using clinical files
- Risk assessments
- Evidence of collaboration
- Strengths – protective factors
- Impact on assessment and planning
- Signed?
- Evaluation Tool
- Recollection of training
- Questionnaire format
- Service users
- Report on findings
- Re-Audit
- Action Plan

Baseline Audit

- Recovery
- My Shared Pathway
- Recovery Plans
- Attended training
- Risk assessment in place
- WRAP
- Questionnaire
- Evaluation Tool
- Questionnaire
- Report
- Ongoing
- Service user feedback
- Monthly risk group – evaluating training, change for next time

EXAMPLE



What's going well?

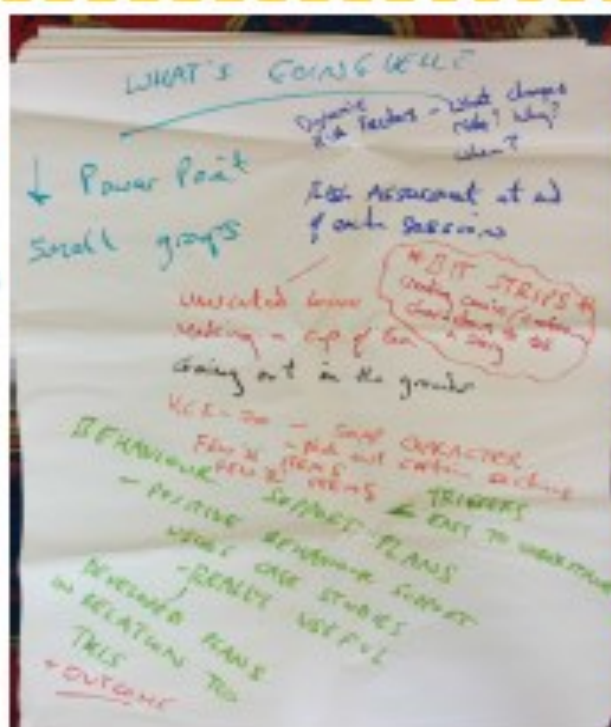
Training session – activity, photos
 Elderly lady crossing road – Zimmer frame
 Young lady crossing a rail road – pram
 What is the bigger risk?
 Perceptions of risk – what influences our perceptions?
 Risk identification
 Risk perception
 Risk enhancing factors
 Risk reducing factors
 Using more accessible language

What Works Well?

Ongoing service user group – monthly
 Feedback in community meetings
 Using real life examples – e.g. risk of wards mixing – leading to change in policy
 Topics more diverse
 Good attendance
 Program of topics
 Outcome – conversations leading to changes in policy
 LANGUAGE

What's going well?

Less Power Point
 Small groups
 Dynamic risk factors – what changes risk and Why? And when?
 Risk assessment at the end of each session
 BIT Strips – creating comic/cartoon characters to tell/create a story
 Unescorted leave, making a cup of tea, going out in the grounds
 HCR-20 – soap characters – pick out certain sections to fill in (a few 'H' items and a few 'R' items)
 Have developed plans in relation to this – and Outcome
 Behaviour support plans – positive behaviour support using case studies – Really useful





Barriers—What could be better?

- Time – psychology department involved late in the year – not enough time to deliver training
- Evidencing collaboration – consistency
- Co-delivery – in the future
- Playing catch up
- Whose responsibility is it?
- Getting clinical staff into joint training sessions



Individual risk assessment training whilst doing paperwork

1:1 – more concrete

Thinking about risk in general – then associating with clinical risk – risk could be hard to link – abstract

Positive risk taking

Risk – capacity – duty of care

Language

- Co – llaborative
- Together
- Co – productive
- Involvement
- Joint working
- Working together
- Risky Business – making risk everyone's business





graphic facilitation by
 Brandy Agerbeck
 LooseTooth.com

The Barrier

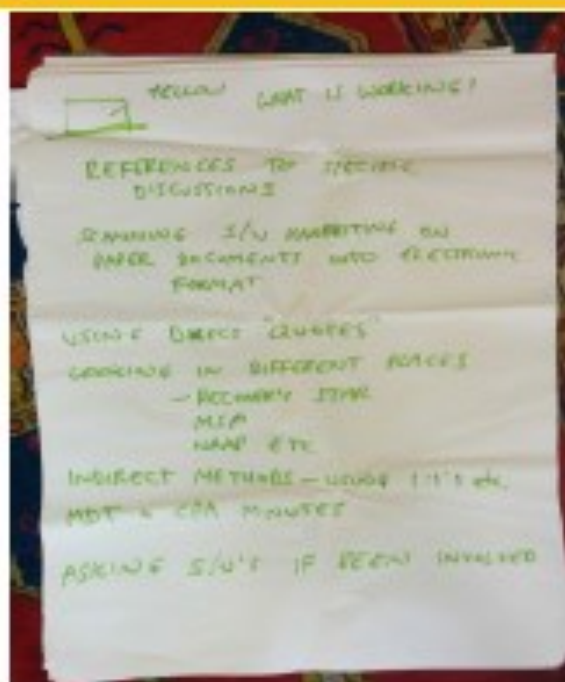
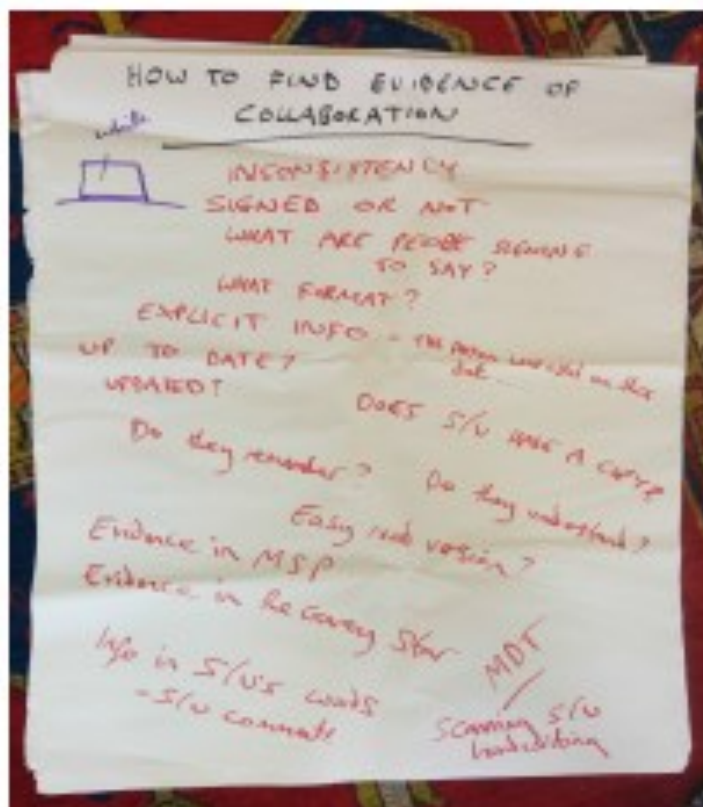
How do we find evidence of collaboration?



WHITE HAT

WHAT INFORMATION DO WE HAVE?

- Inconsistency
- Signed or not
- What are people signing to say?
- What format?
- Explicit info - this person was asked on this day....
- Up to date? Updated?
- Does service user have a copy?
- Do they remember?
- Do they understand?
- Easy read version?
- Evidence in MSP
- Evidence in Recovery Star
- MDT
- Information in service users words, service user comments
- Scanning service user handwriting



YELLOW HAT

WHAT IS WORKING?



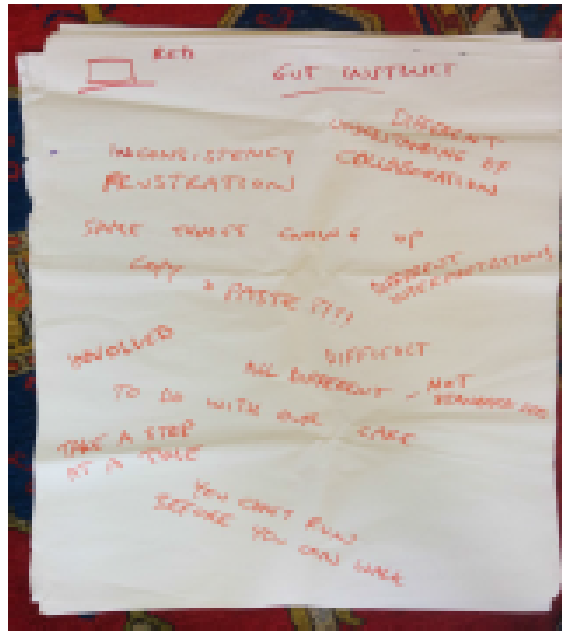
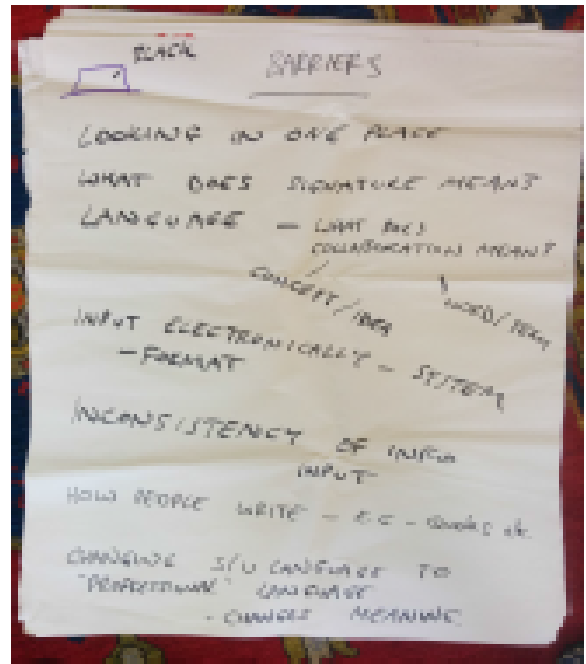
- References to specific discussions
- Scanning Service User handwriting in paper documents into electronic format
- Using direct "quotes"
- Looking in different places
- recovery star
- MSP
- WRAP etc.
- Indirect methods - using 1:1's, MDT, CPA minutes
- Asking service user if been involved

BLACK HAT



WHAT ARE THE BARRIERS?

- Looking in one place
- What does the signature mean?
- Language - what does collaborative mean?
- Concept/idea
- Word/term
- Input electronically - system - format
- Inconsistency of info input
- How people write - "quotes" etc.
- Changing service user language to professional language changes the meaning



RED HAT

GUT INSTINCT

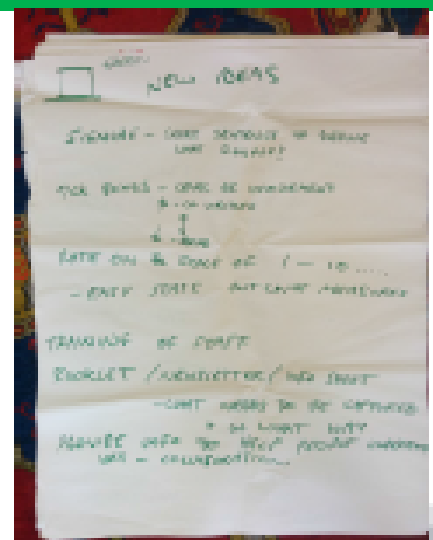
- Different understandings of collaboration
- Inconsistency, frustration
- Same things coming up
- Copy and paste!!!!
- Involved
- All different - not standardised
- Difficult
- Take a step at a time
- You can't run before you can walk

GREEN HAT



NEW IDEAS

- Signing - short sentence to define exactly what they are signing
- Tick boxes for level of involvement
- Fully involved - Co writing.....Read
- Rate how involved you were in your assessment on scale of 1-10
- Easy statistics/outcome measures
- Training of staff - booklet, newsletter, info sheet - what needs to be captured and in what way - consistency
- Information to help people understand why we need to collaborate





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>

