Edition 6—October 2015

Yorkshire and Humber Network

Collaborative Risk Assessment Bulletin 6

Yorkshire & Humber CQUIN Group

Collaborative Risk Assessment

Next meeting:

9th February 2016

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 CQUIN groups about the work that is happening in your service, then please get in touch with us on:

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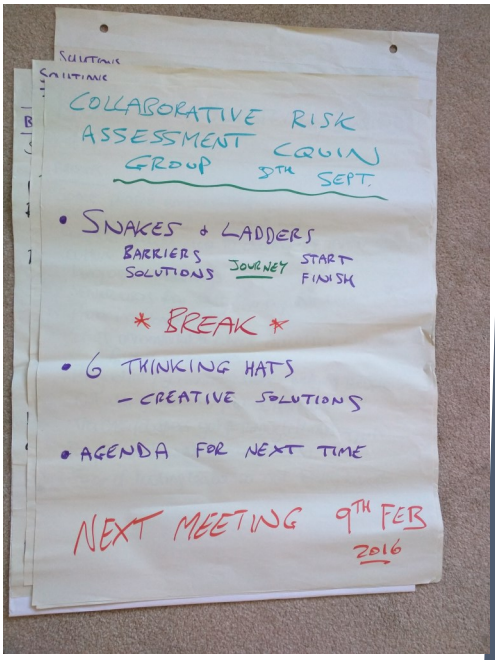
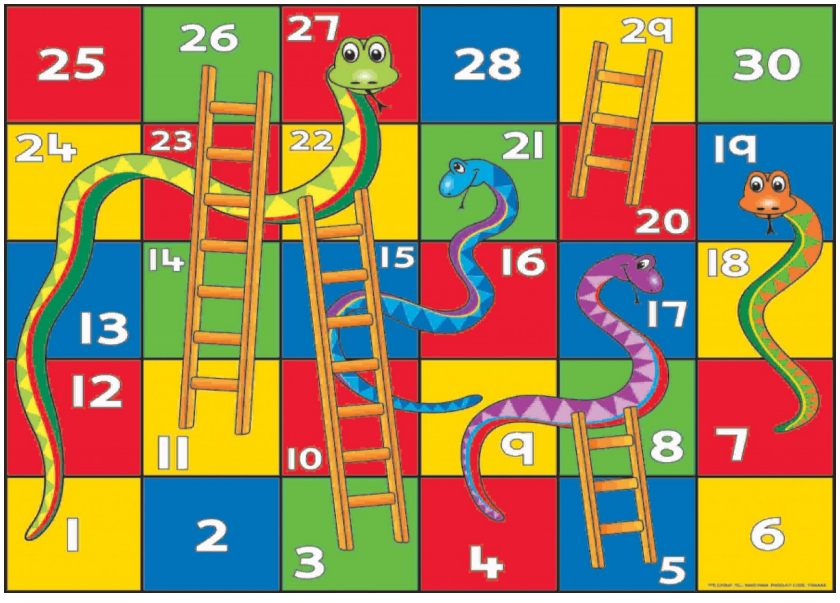
Inside this Issue

Risk CQUIN group on the 5th September

At the last Risk CQUIN group we asked services to give an update of their journey so far with the Risk CQUIN using Snakes and Ladders to identify achievements and barriers. This can be found on pages 2—3.



We then looked at the barriers as a whole group to come up with some solutions. This is on pages 4-7.



Developed by Holly Alix and Jo Harris on behalf of all the Yorkshire and Humber Secure Services and the Collaborative Risk Assessment CQUIN Group

Update from services

Snakes and Ladders

The first exercise was to get an update from services about where they are up to in relation to the CQUIN. We asked everyone to document their journey so far—with the starting point before the CQUIN began and with the finish as where they would like to get to ideally. We then asked everyone to write down any achievements in the form of ladders and any barriers in the form of snakes.

Start:

Not collaborative

Barriers (snakes)

No attendance at training

Time and resources

No service users getting involved in it

Not enough feedback from MDT

Achievements (ladders)

More service users delivering it

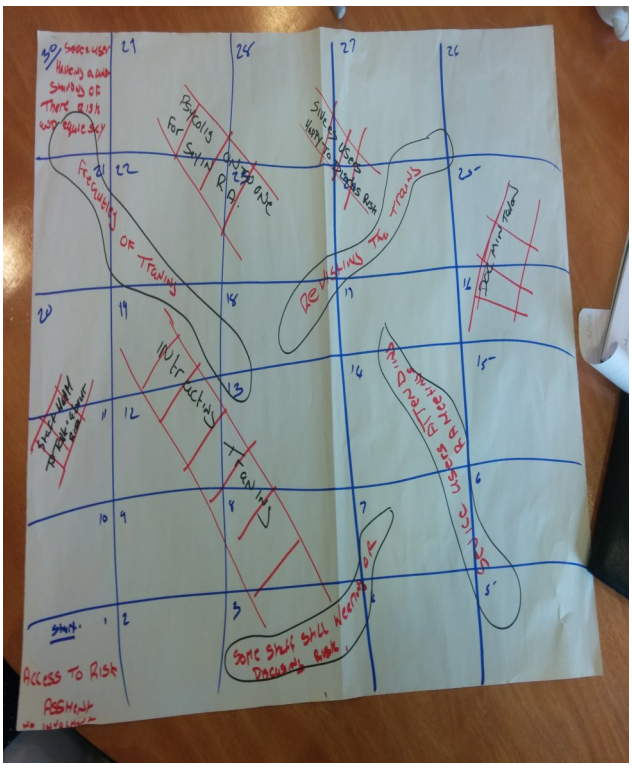
Evidence of collaboration through feedback and signing off

Patient feedback at community meetings and patients council

Adapted training

Finish:

Fully collaborative and effective



Start:

Access to risk assessment—no involvement

Barriers (snakes)

Devising the training

Frequency of training

Some staff still wary of discussing risk

Service users attending risk assessment meetings

Revisiting the training

Achievements (ladders)

Documentation

Staff happy to talk about risk

Interactive training

Psychology 1:1 for say in risk assessment

Service users happy to discuss risk

Finish:

Service users having a good understanding of their risks and equal say

Start:

Not a right lot

Ad hoc

random

Barriers (snakes)

Staff turnover

Long shifts

Training gap

Staff attitudes and culture

Leadership (project and organisation level)

"Drive by" training

Achievements (ladders)

Good attendance

Tracking system

Leadership

Change to induction

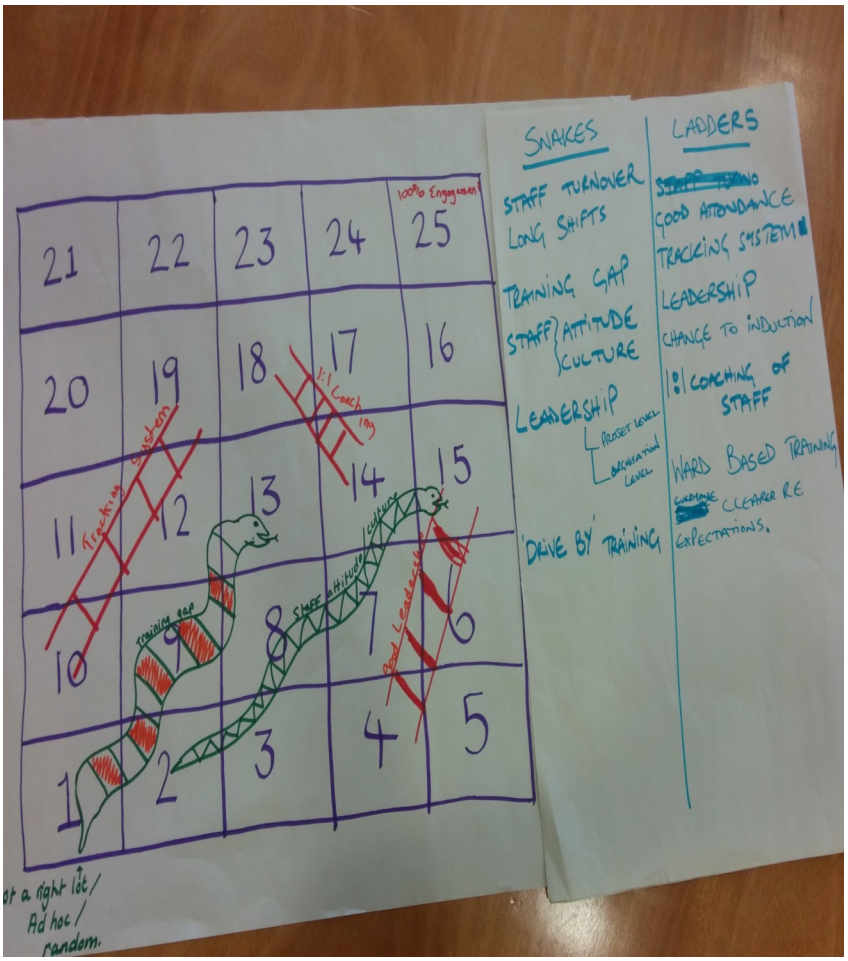
1:1 coaching of staff

Ward based training

Everyone clearer re: expectations

Finish

100% compliance



Start:

Patients not involved in risk assessments

Barriers (snakes)

Not understanding or agreeing

Distrust if people haven't listened in the past

Fear of potential consequences of discussing risks

Achievements (ladders)

Transparency—being able to discuss risks easier

Risk assessment during MDT done by patients

Self assessment for section 17 leave

Training staff and patients together (delivered by patients)

Awareness of risks increased and more open

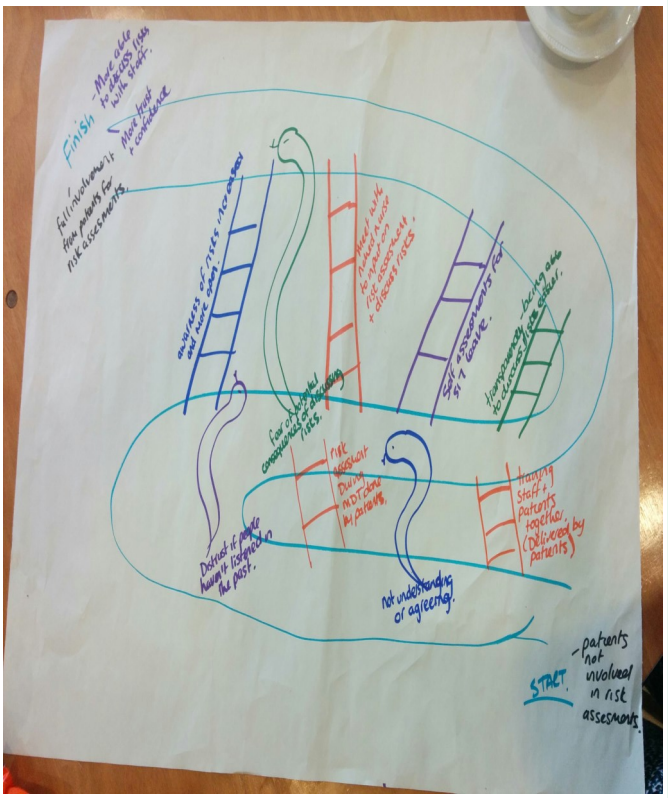
Meet with named nurse to input on risk assessments and discuss risks

Finish:

More able to discuss risks with staff

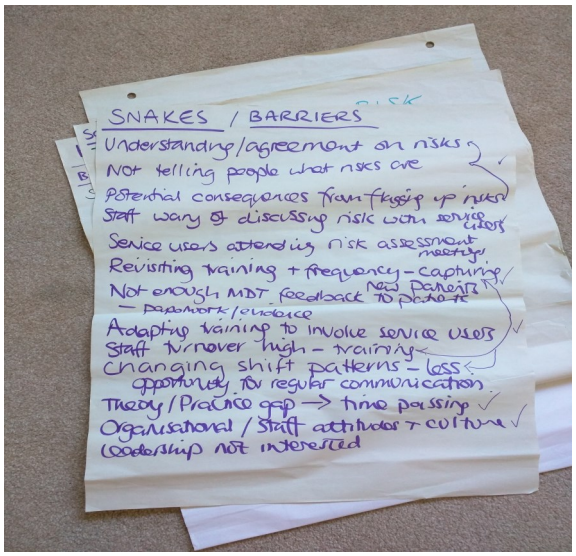
More trust and confidence

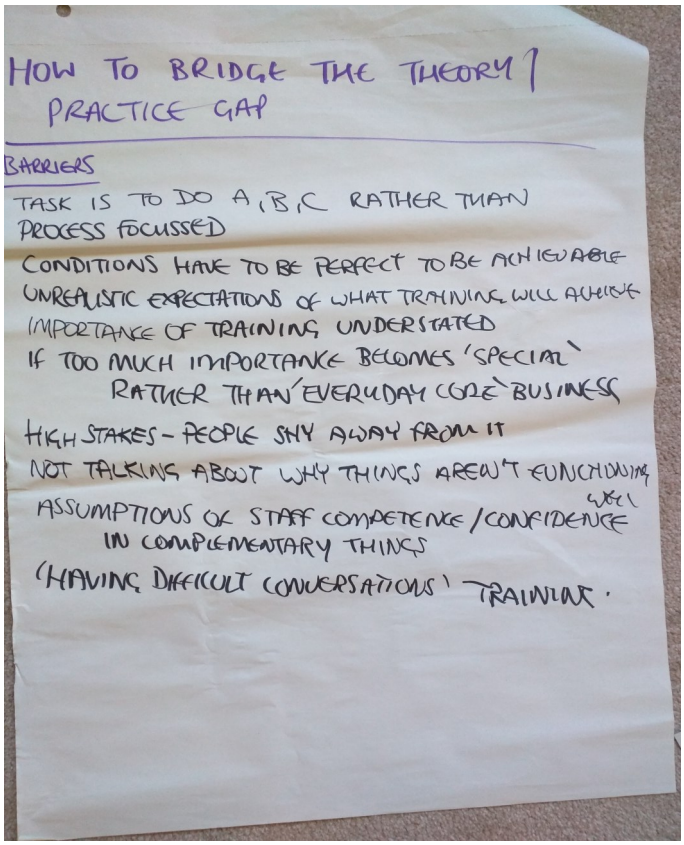
Full involvement from patients for risk assessments



From Barriers to solutions

The second exercise was to use all the snakes (barriers) from earlier on to come up with some solutions. We did this using the 6 Thinking Hats model as a large group.





How to bridge the theory practice gap

Barriers

Task is too ABC rather than process focussed

Conditions have to be perfect to be achievable

Unrealistic expectations of what training will achieve

Importance of training understated

If too much importance becomes 'special' rather than everyday core business

High stakes—people shy away from it

Not talking about why things aren't functioning well

Assumptions of staff competence/confidence in complimentary things

Having difficult conversations

Solutions

1:1 Interviews with people to see suitability

Training in related areas

Supernumerary staff to build rapport

'shadowing' of staff to feel more comfortable/confident

Different levels of support

Making friendships/relationships with people

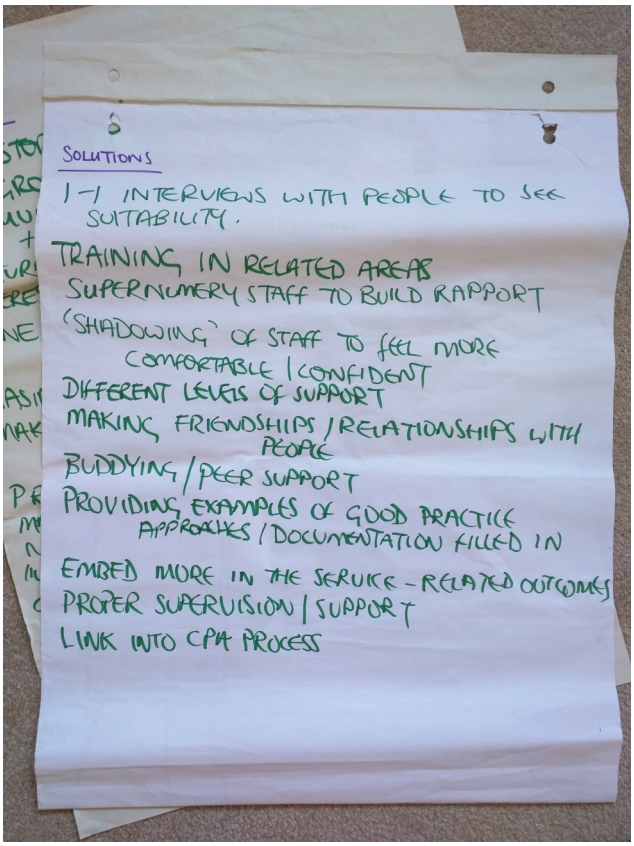
Buddying. Peer support

Providing examples of good practice approaches./documentation filled in

Embed more in the service—related outcomes

Proper supervision/support

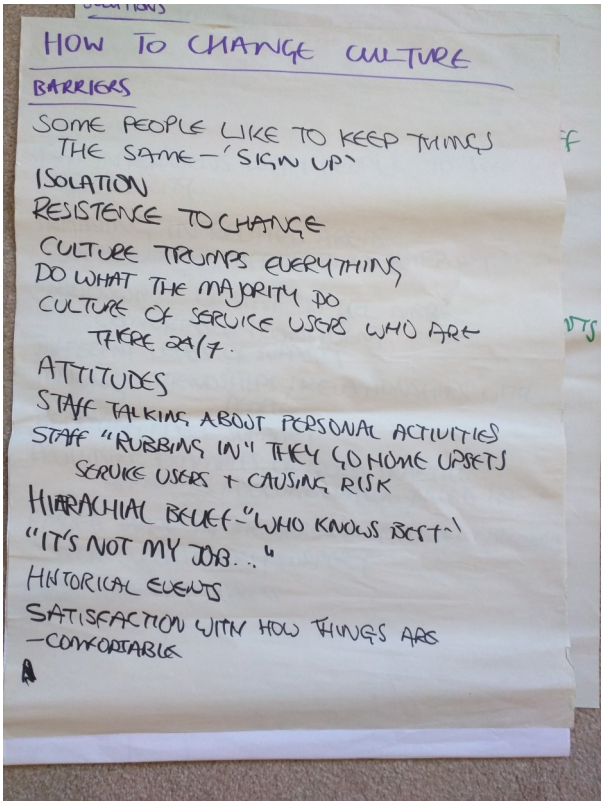
Link into CPA process



How to change culture

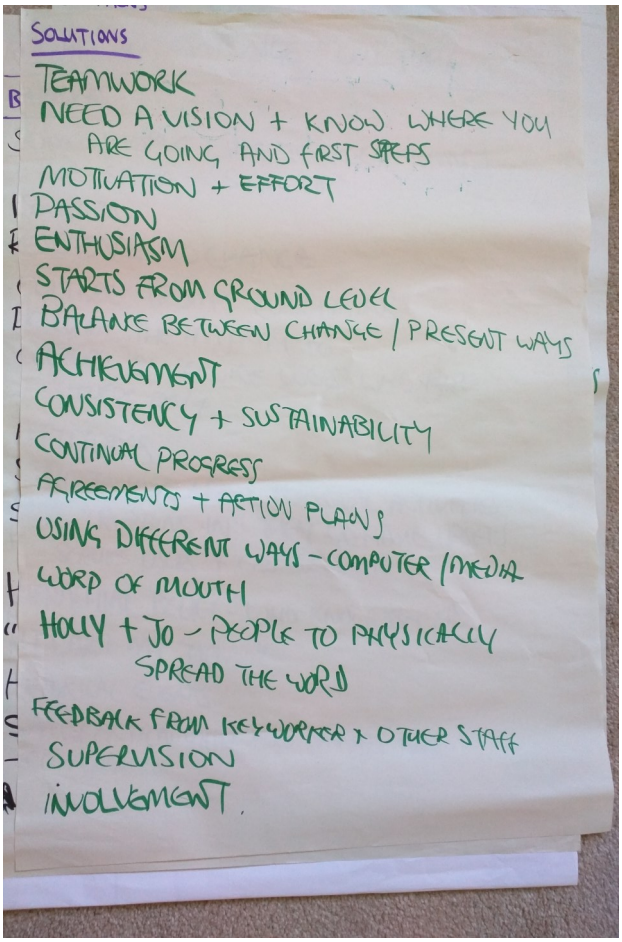
Barriers

Some people like to keep things the same 'sign up'
Isolation
Resistance to change
Culture trumps everything
Do what the majority do
Culture of service users who are there 24/7
Attitudes
Staff talking about personal activities
Staff "rubbing in" that they go home upsets service users and causes risk
Hierarchical beliefs—who knows best
Its not my job
Historical events
Satisfaction with how things are—comfortable



Solutions

Teamwork
Need a vision and know where you are going and first steps
Motivation and effort
Passion
Enthusiasm
Starts from ground level
Balance between change and present ways
Achievements
Consistency and sustainability
Continual progress
Agreements and action plans
Using different ways—computer/media
Word of mouth
Holly and Jo—people to physically spread the word
Feedback from keyworker and other staff
Supervision
Involvement

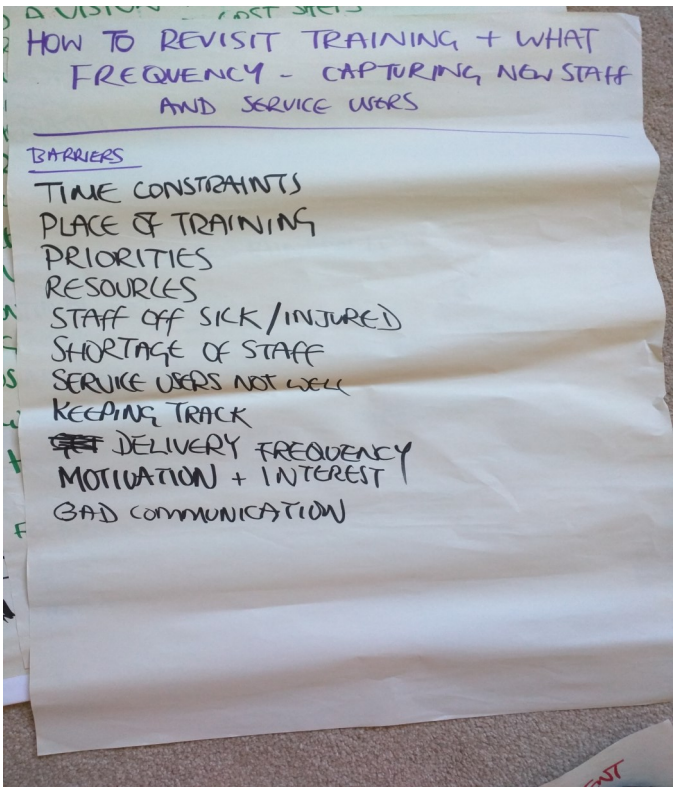


Barriers to solutions

How to revisit training and what frequency to capture new staff and service users

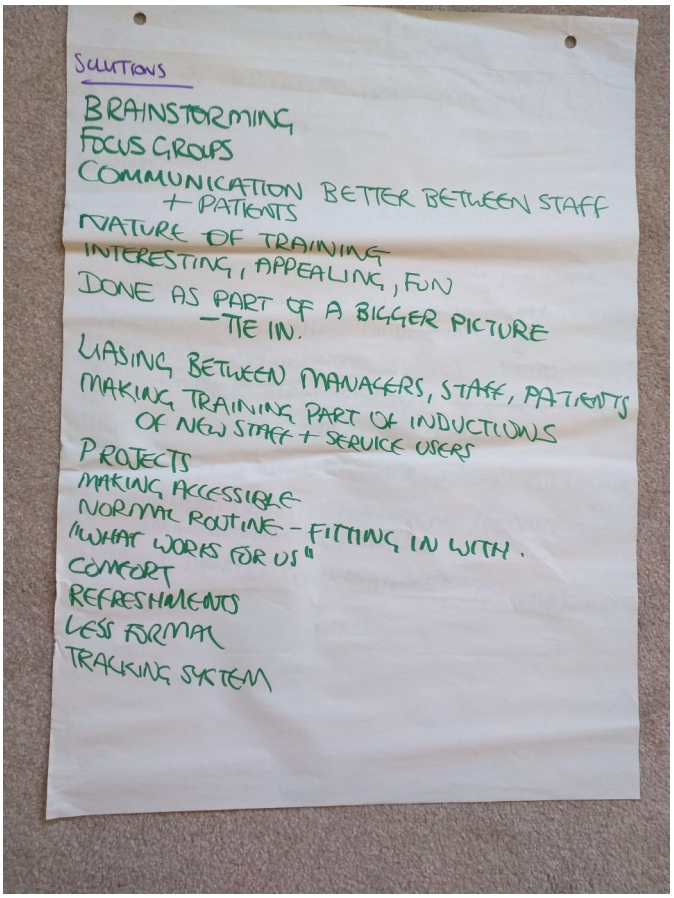
Barriers

Time constraints
Place of training
Priorities
Resources
Staff off sick or injured
Shortage of staff
Service users not well
Keeping track
Delivery/frequency
Motivation and interest
Bad communication



Solutions

Brainstorming
Focus groups
Communication better between staff and patients
Nature of training
Interesting, appealing and fun
Done as part of a bigger picture—tie in
Liaising between managers, staff, patients
Making training part of inductions of new staff and service users
Projects
Making accessible
Normal routine, fitting in with
'what works for us'
Comfort
Refreshments



How to understand, agree and discuss risks

Barriers

Some people embarrassed

Consequence of discussing risk

Confidentiality due to distressing information

Culture

Language—meanings

Service users fear staff are “against them”

Power imbalances

Staff uncomfortable about discussing risk in front of service users

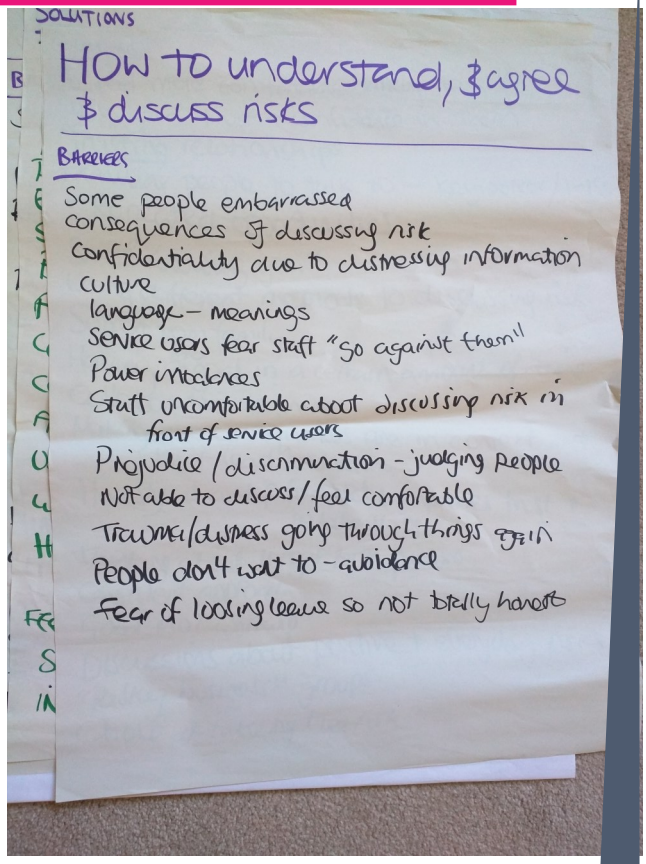
Prejudice/discrimination—judging people

Not able to discuss/feel uncomfortable

Trauma/distress—going through things again

People don’t want to—avoidance

Fear of loosing leave so not being honest



Solutions

To feel more comfortable talking to staff—you gain trust and confidence in them

Trusting relationships

Familiar people to talk to - keyworkers/1:1’s

Repeated opportunities

Staff knowing you

Using different methods to discuss risk

Support from family

Having an end goal inn a certain amount of time

Collaborative training

Making sure consequences are in context and kept least restrictive

Honesty is a step forward and improves trust and relationships

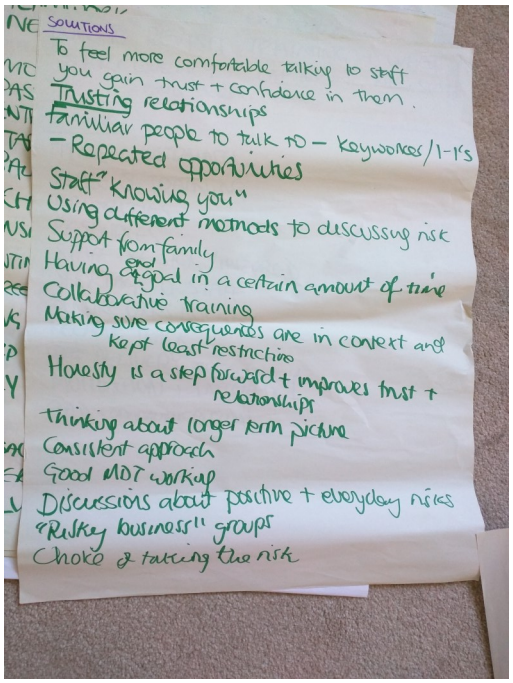
Thinking about longer term picture

Consistent approach

Good MDT working

Discussion about positive and everyday risks

‘Risky Business’ groups



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	**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.** **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.**
Final indicator period/date (on which payment is based)	**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** **The provider is to develop an education and training programme regarding risk assessment and safety management for staff and service users.** **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.** **The provider is to produce an action plan for further development and /or delivery of the programme in response to the evaluation report.** **The provider is to produce evidence of progress against the action plan** **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.** **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.** **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.**

Yorkshire and Humber

CQUIN Group

Risk and Collaboration

Tuesday 9th February 2016

Sandal Rugby Club

2 – 4

Refreshments Provided

Role Description for attending the Yorkshire and Humber meetings:

Represent your service and share experiences and ideas

Celebrate achievements and share learning

Find out what is happening in other services

Give your perspective

Meet staff and service users from other services

Take back and share what you have learnt with people in your service