Collaborative Risk Assessment Bulletin

Yorkshire and Humber CQUIN Group

Collaborative Risk Assessment

Next meeting:

Tuesday 4th November

Sandal Rugby Club

2 – 4

My Safety and Risks

My Shared Pathway

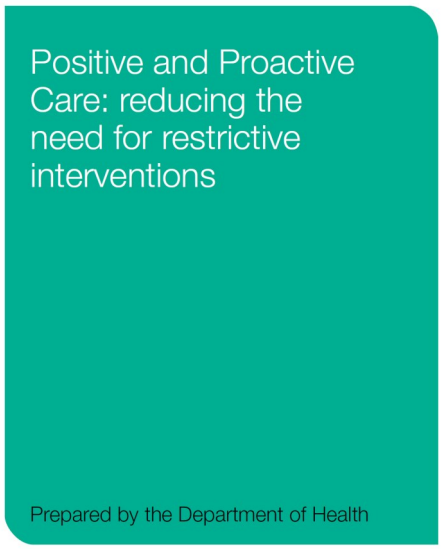
Inside this Issue

As well as all the work happening about the CQUIN (see pages 2 and 3, there is also lots of work going on in services around reducing restrictive practices.

This ties in to the Risk CQUIN work and therefore worth mentioning here. At the recent Recovery and Outcomes group Ian Callaghan spoke about some work that is happening looking at banned and controlled items. The Humber Centre have currently got a steering group looking into Restraint and Seclusion reduction. Bradley Woodlands brought our attention to the recently published Positive and Proactive Care document from the DoH (see opposite) that they are using alongside the CQUIN to reduce risk and improve safety. Other services are also currently doing work around this area that supports and goes wider than the CQUIN work.

We are keen to hear about work that is going on in services around this, so please let us know, and we will hopefully hear about these in more detail at future groups.

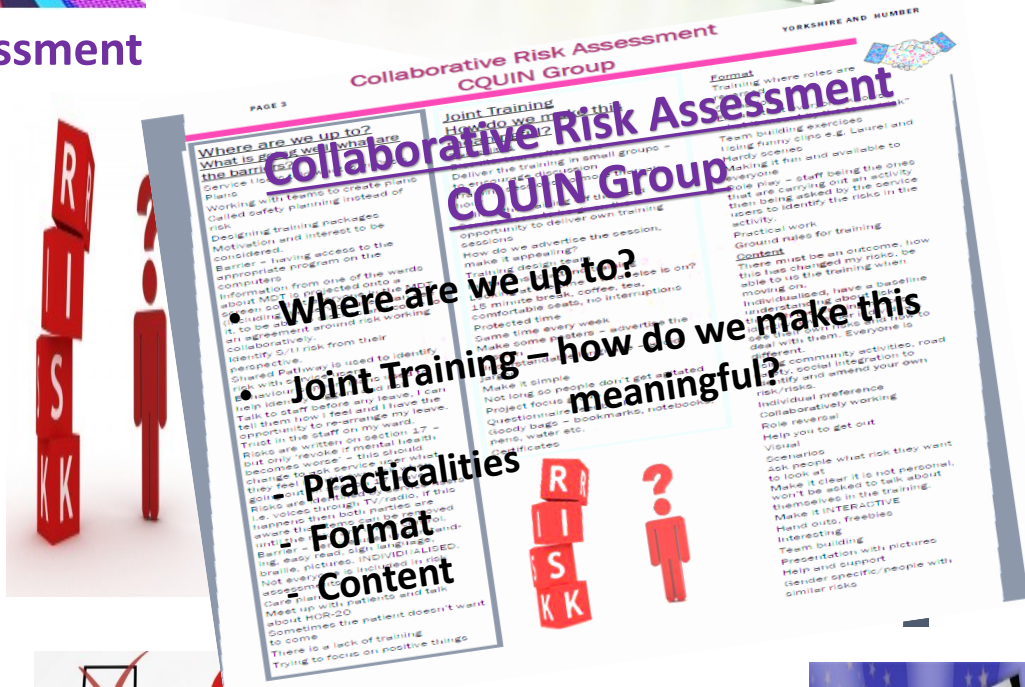
Department of Health



Collaborative Risk Assessment

Joint Training

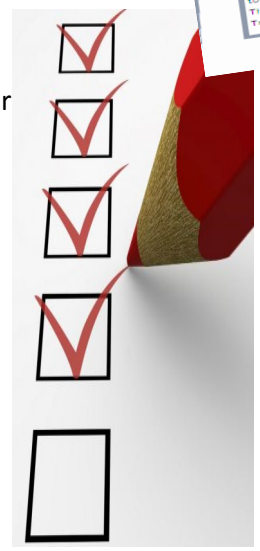
- How do we make this meaningful?



Where are we up to?

- Designing training packages
- Shared Pathway used
- Behaviour support plans used to help identify triggers and risk
- Barrier – service user understanding, easy read, sign language, braille, pictures.
- Talk about HCR-20
- Motivation?
- Try and think of now, not the past – staff focus on the past too much

Practicalities



- Training sessions no more than an hour
- Deliver the training off the ward
- How do we advertise the session, make it appealing?
- Invitations to attend training
- Looking at the time – what else is on?
- 15 minute break, coffee, tea, comfortable seats, no interruptions
- Understandable language – avoid jargon
- Questionnaire feedback
- Goody bags – bookmarks, notebooks, pens, water etc.
- Certificates

Format

- Scenarios
- Team building exercises
- Using funny clips e.g. Laurel and Hardy scenes
- Making it fun and available to everyone
- Role play
- Practical work
- Ground rules for training

Content

- Outcome
- Baseline understanding about risk
- Use community activities, road safety - identify and amend your own risks
- Collaborative working
- Make it clear it is not personal, won't be asked to talk about themselves in the training.
- Make it INTERACTIVE
- Interesting
- Help and support

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Cheswold Park Hospital

Recovery and Outcomes Group Notes 25th September

Why should service users be involved in risk assessment/ safety planning?

It's about their future
It helps you feel more in control
Develops insight
Shared responsibility
Not dictated
Expert in risk and how to keep safe
Idea of how risk can be managed
Informed decision
Motivating
Collaboration
To learn risks and overcome them
Focus on what you're working on
Responsibility
Understanding why in hospital
Empowerment
It's about the service user
Helps improve understanding
Won't work without service user
Collaboration, therapeutic alliance
Validation, viable – making it real
Service user can take ownership
Improved accuracy
Know what is being discussed – no surprises
Decision made about service users
Increase understanding of risks
Understand process of risk assessment and management
Whittles away at length of stay
Awareness and insight increases
About the service user
It's your care
Responsible
Sense of control
Helps you identify triggers
Part of the team
Valued
Transparency
Service users know themselves what risks they pose
What will be difficult/limitations
More engaged, more meaningful
Increase understanding

What is difficult about this?

Might not know the people
Too big a group (MDT)
May not have insight
May not have confidence
Lack of assertiveness
Being honest may be hard
Subjective view of risk influenced by up-bringing, religion etc.
Being able to trust staff
Trust works both ways
Coming to terms with your past
Staff holding past against us
Difficult to acknowledge risks
Getting staff to understand your point of view
Different circumstances
Risks higher on anniversaries
Takes longer
Can be hard – do I want to talk?
Staff and patients – uncomfortable
Level of understanding (insight)
Might not want to know
Impact of mental illness
Language used – very professional
Can be misunderstood
Worried about consequences
Professionals don't want to share
Empowers service user, potentially disempowers some professionals?
Not in a service user friendly format
If no changes – potential relapse
Change of culture
Service users may be partisan/have a vested interest in the decision
Increase conflict – damage therapeutic relationship
Apathy - fear of inertia, can't be bothered as "nothing changes"
Service users don't feel listened to
It can bring back painful memories
Staff concerns about being honest
Change relationships
Cause patient conflict
Patients not understanding their own risk/tools/HCR-20
Worried about repercussions

How can these difficulties be overcome?

Encourage service users
Build confidence
Training
Build a safe environment "this discussion goes no further"
Avoid jargon
CQUIN – collaboration
1:1's instead of full MDT
Go through HCR-20 discuss changes to identify reasoning
Involved with risk training
Learning by experience
Collaborative working in MDT
Training
Continuity of staff
Recording of difference of opinions
Support
Good communication
Setting good boundaries
Persevere
Change is "managed" properly
Real and relevant (6 monthly via daily change)
Get real time feedback and change
Evidencing what difference it has made
Open and honest discussion
Full explanation of the process (how it works, what happens, what is needed to make it work from staff and service users)
Accessible language/use of images
Use of different environments (off the ward)
Service users comfort ability (how, where and when it can be done)

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. 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** **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.**