



Collaborative Risk Assessment Bulletin 7



Risk COUIN group on the 9th February 2016

This was the last meeting of the Collaborative risk assessment COUIN group as it is no longer a COUIN from the end of March.

We looked at the journey that services have taken over the last 2 years in terms of collaborating with service users on risk assessments, including the training—we did the group work in terms of a journey from Lands End to John O’Groats — each table chose their own journey. This is on page 2 and 3.

We then looked at how we could all ensure that the hard work people have put in to this COUIN doesn't get wasted and that this way of working is embedded into practice long term. This is on pages 4 and 5.

We then had Mick Poulter from Moorlands View facilitate a discussion with the group around how to measure if someone is involved in their risk assessment. This can all be found on pages 6 and 7.



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Group work—Lands End to John O’Groats	2
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Collaborative Risk Assessment COUIN Agenda

9th February 2016 14.00 – 16.00

1. Welcome and Introductions
2. **Group work** – From Land’s End to John O’Groats
 - Journey of culture change – road works and rest stops



3. **Discussion** – How do you measure if someone is involved in their own risk assessment? Mick Poulter
4. The Future of Collaborative Risk Assessment – what’s next?



From Lands End to John O'Groats

A journey of culture change

From: Non Collaborative Risk Assessment

To: Collaborative Risk Assessment

People Involved/ Needs

Service user

All staff

Families and carers

Other services—networks and experience

Obstacles

Unwillingness

Confusing and indecisive

Fear

Funding and lack of time

Raising awareness

Make a plan

Team leader and delegate

Different interpretations—enhance the experience

Lack of knowledge

Training

Change of culture

More open and willing to discuss risk

Better team working

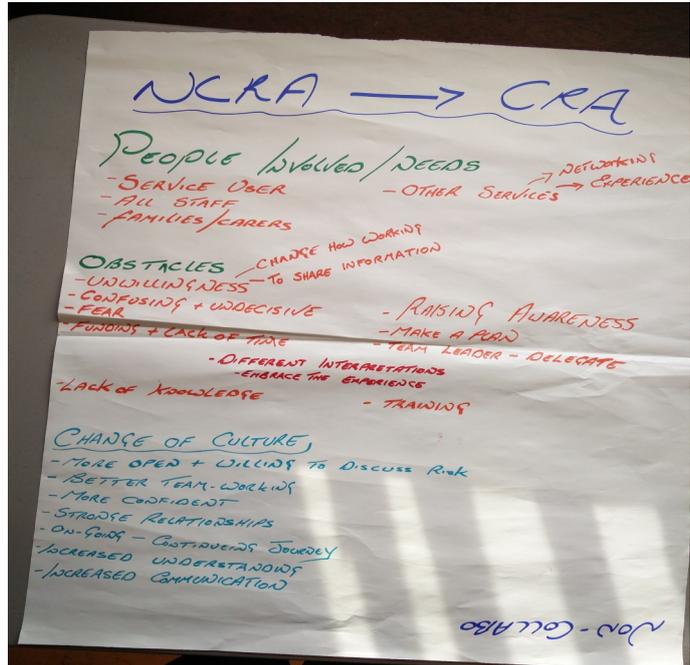
More confident

Strong relationships

On-going—continuing journey

Increased understanding

Increased communication



From: Doncaster (A)

Questionnaires about what risk is and how involved patients are in risk assessments

85% felt involved

15% didn't feel involved.

External agency to carry out collaborative risk training with patients and staff together.

Repeated questionnaire again.

98% felt fully involved

2% didn't feel fully involved

Risk embedded in care plans

Via Sheffield (B)

Remaining challenged to encourage collaborative risk and trying to break institutionalised way of working

Introduced Moving on Group (training staff and patients)

Via Wakefield (C) and down a cul-de-sac

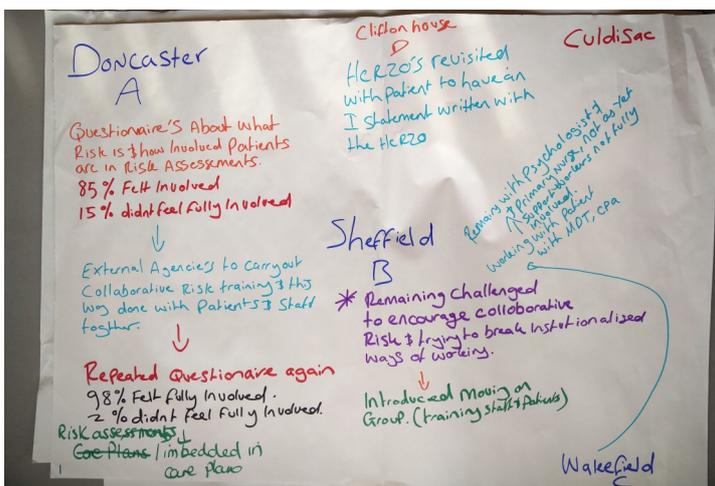
Remains with psychologist and primary nurse.

Support workers not yet fully involved

Working with patient with MDT and CPA

To: York (Clifton House D)

HCR-20's revisited with patient to have an "I" statement written with the HCR-20





From: April 2014

To: March 2016

Roadblocks—staff perception—discussion and training

Different places—hearing from each other

Risk café—patients engaging

Training—learning positives

Life experiences—social circles

Training put into practice—wider benefits and doing things together

Staff misunderstanding and service users—training revisiting and training staff

Change to culture

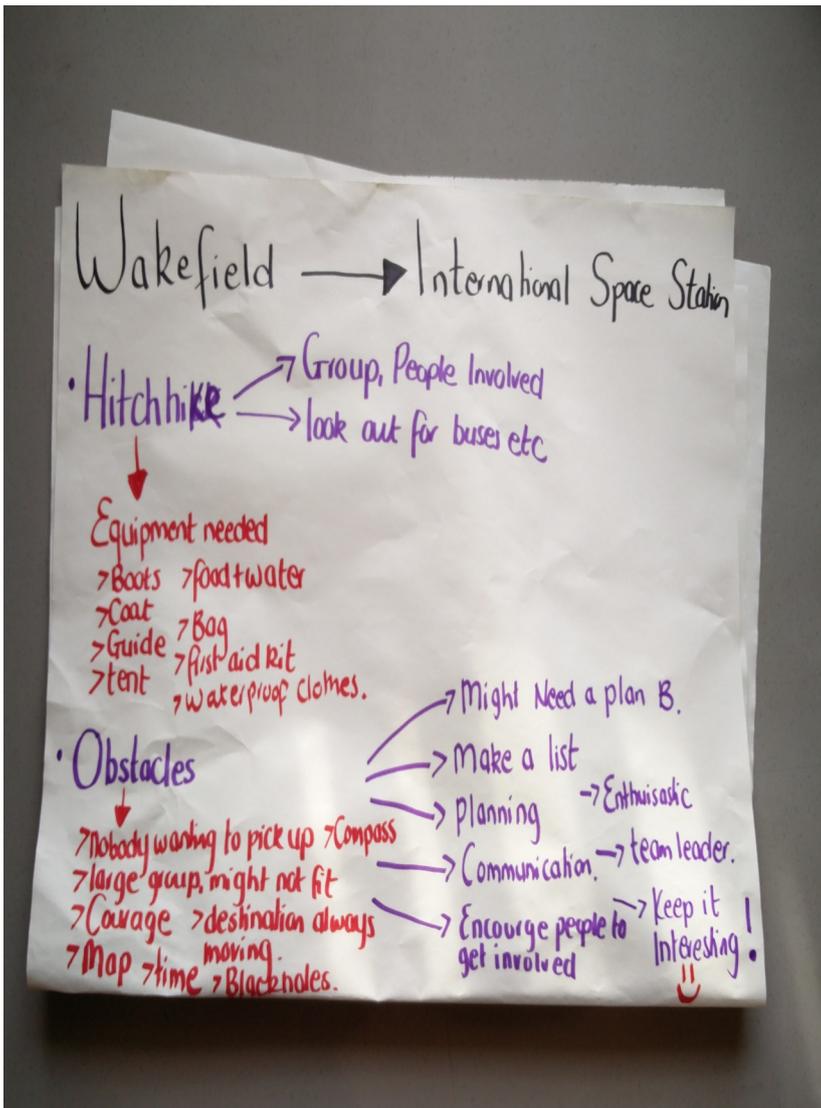
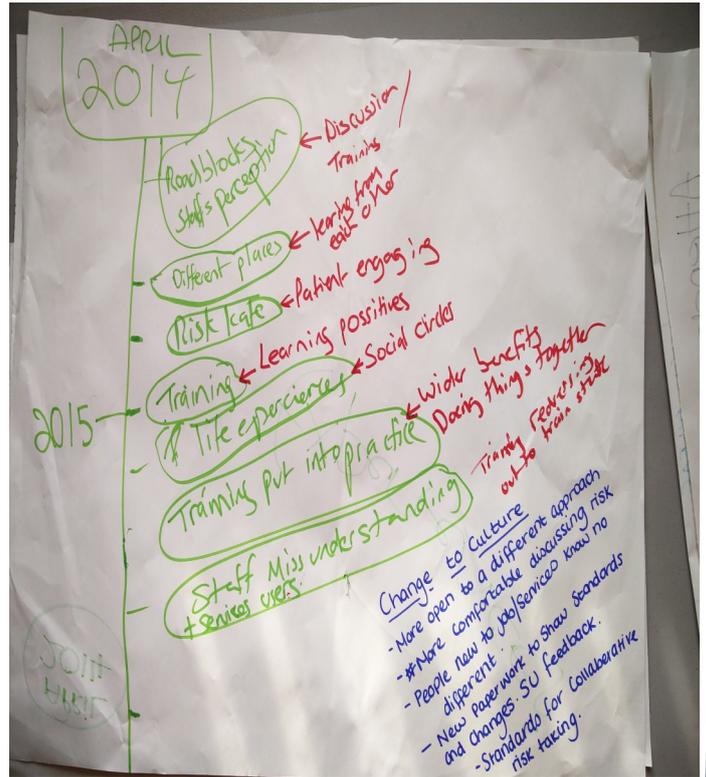
More open to different approaches

More comfortable discussing risk

People new to job/ services know no different

New paperwork to show standards and changes service user feedback

Standards for collaborative risk taking



From: Wakefield

To: International Space Station

Hitchhike—group, people involved, look out for buses etc.

Equipment needed

Boots. Food and water. Coat. Bag.

Guide. Tent. First aid kit. Tent

Waterproof clothes

Obstacles

Nobody wanting to pick up the compass

Large group—might not fit

Courage—destination always moving

Map time—moving black holes

Solutions

Might need a plan B

Make a list

Planning—enthusiastic

Communication—team leader

Encourage people to get involved

Keep it interesting!



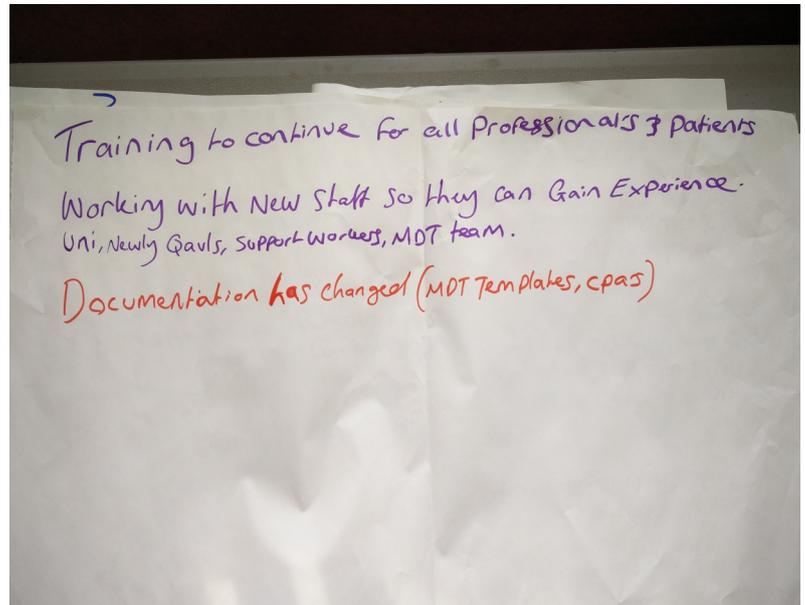
How to embed Collaborative Risk Assessment into everyday practice?

Training to continue for all professionals and patients.

Working with new staff so they can gain experience.

University, newly qualified, support workers, MDT team.

Documentation has changed (MDT templates, CPA's to reflect the changes).



Continue having 1:1 sessions.

Continue training and monitor.

Put into practice.

Involve in CPA.

Relationships between staff and patients.

Feedback from staff and patients.

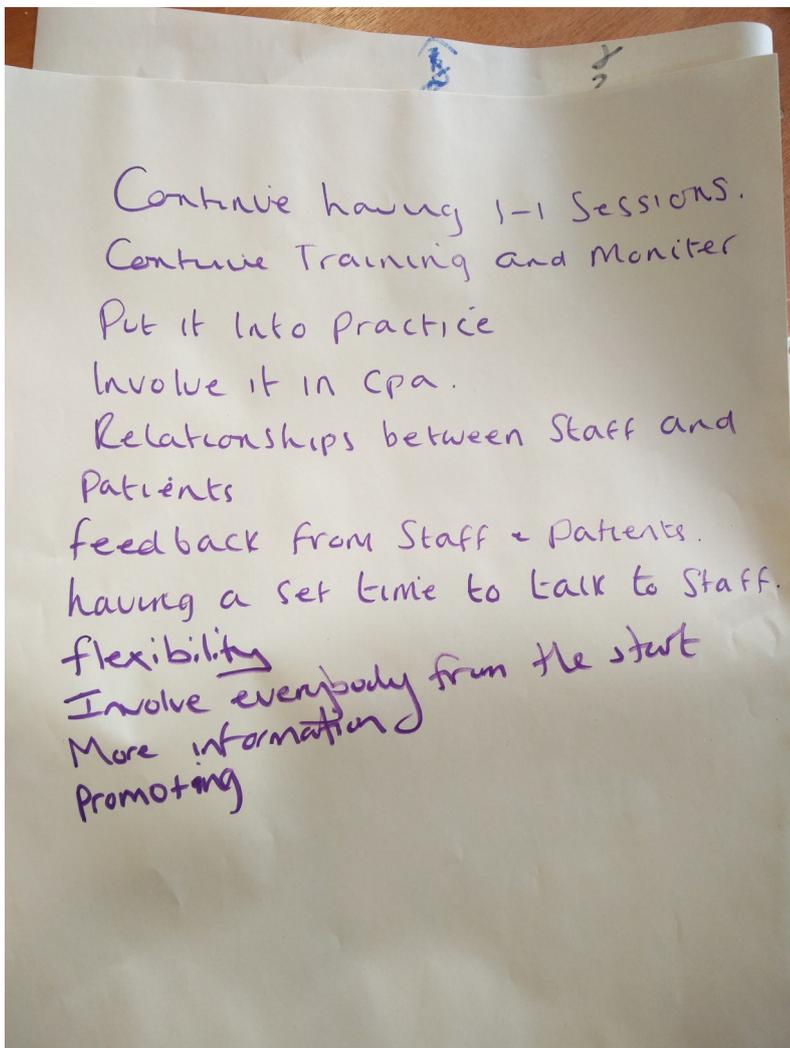
Having a set time to talk to staff.

Flexibility.

Involve everybody from the start.

More information

Promoting





Continuing Collaborative Risk assessment.

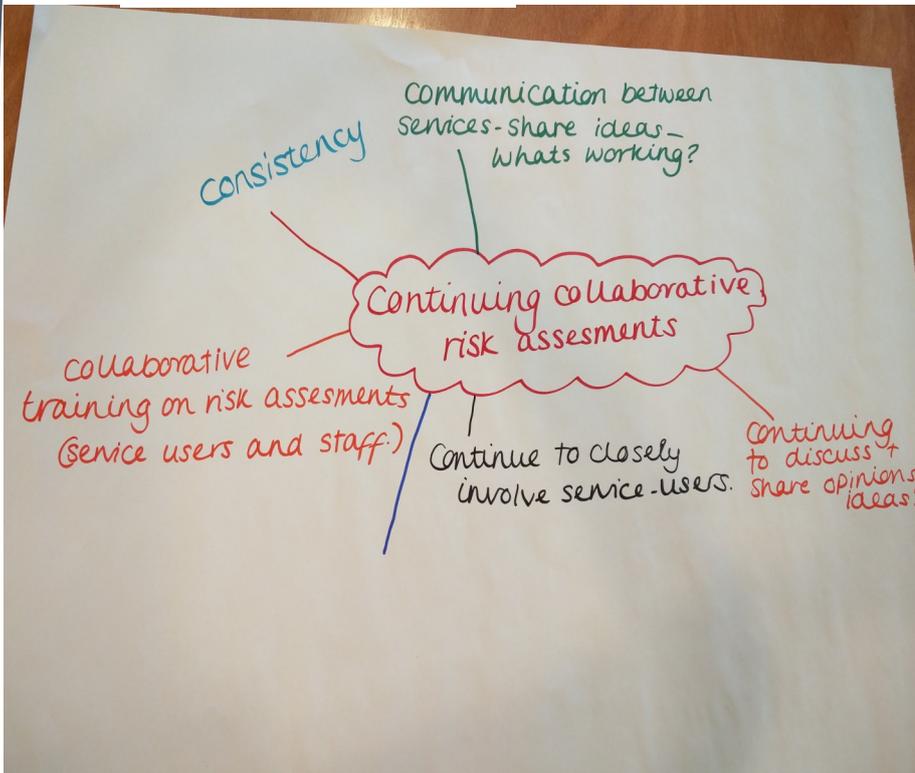
Consistency.

Collaborative training on risk assessments (service users and staff)

Continue to closely involve service users.

Continue to discuss and share opinions and ideas.

Communication between services and share ideas—what is working.



Communicate.

Listen.

Embedding into paperwork.

Putting into practice.

Day to day risk assessing—section 17, cooking, activities.

Involvement into staff induction also in training and involve into pre admission assessments.

Reviews with patient and care team.

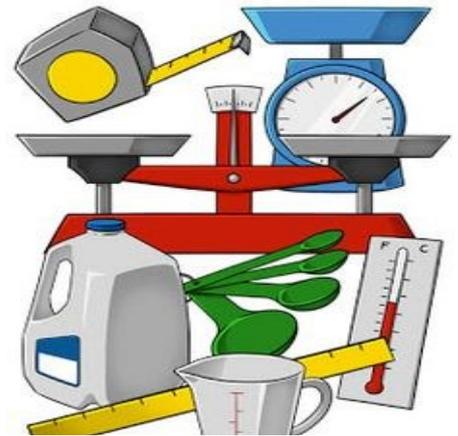
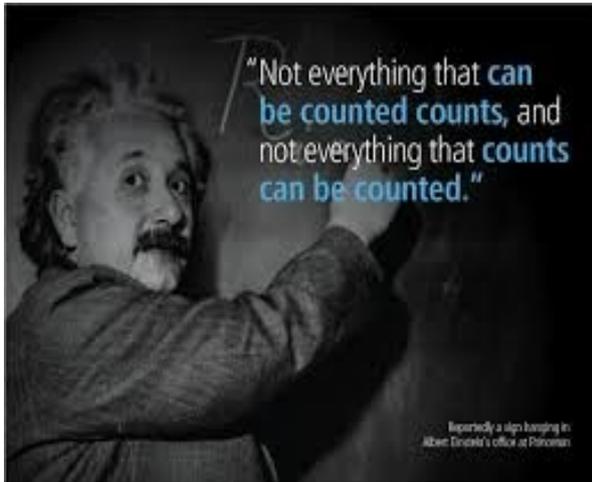
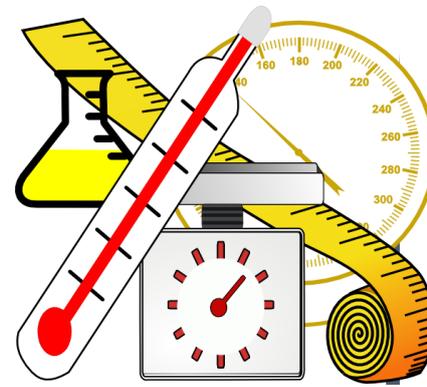
On-going support from staff if patient doesn't understand.

Encourage peer support (experience of care—buddy system).

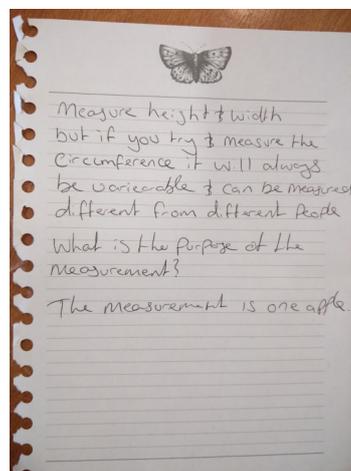
- * Communicate
- * Listen
- * Imbedding into all paperwork.
- * Putting into practise
- * Day to day risk assessing - (17, cooking, Activities).
- * Involve it into staff induction also in training and involve into pre admission assessments
- * Reviews with patient & care team.
- * On going support from staff if Patient doesn't understand.
- * Encourage peer support (experience of care, buddy system)

What is an Audit?

‘A systematic review or assessment of something’
 ‘is the process of evaluation or analysis of something to determine its accuracy’

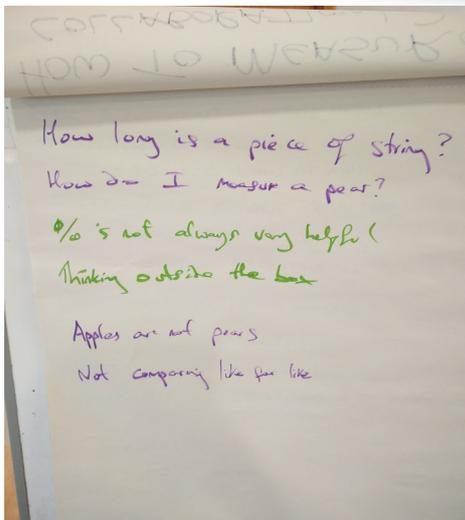


Measure the Apple + feedback your results.
 You have 5 mins.

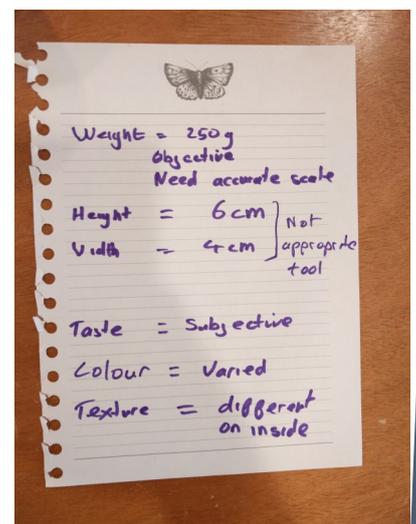


Exercise 2

How do measure if someone has collaborated in their own risk assessment?



How long is a price of string?
 How do I measure a pear?
 % is not always helpful
 Thinking outside the box
 Apples are not pears
 Not comparing like for like





Risk assessment interviews

Documented discussion—discussed again at MDT

Questionnaire before and after

Revisit tools every 3 months—check understanding

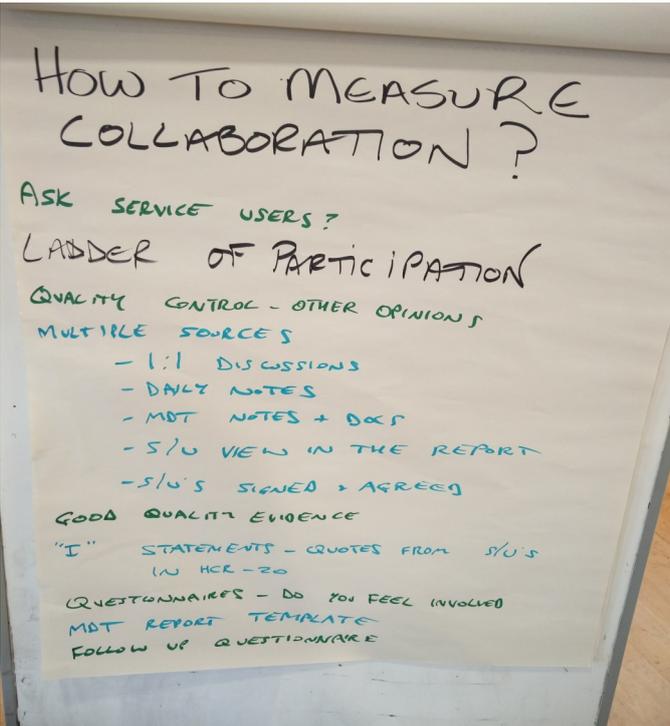
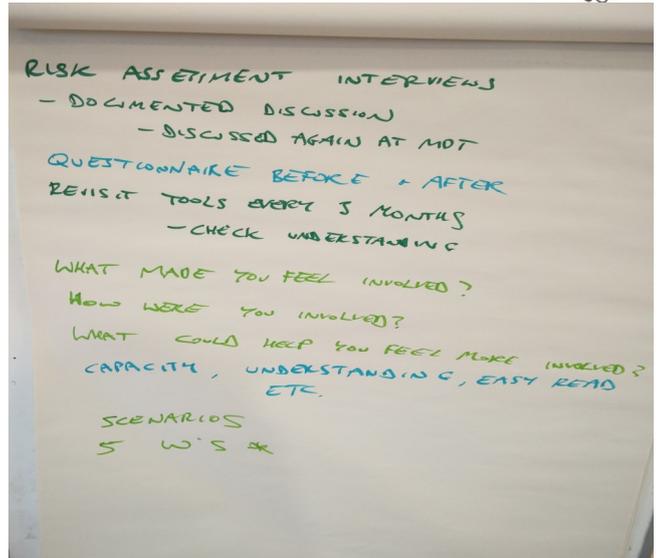
What made you feel involved?

How were you involved?

What could help you feel more involved?

Capacity, understanding, easy read etc.

Scenarios—5 W's



How to measure collaboration?

Ladder of participation

Quality control—other opinions

Multiple sources

1:1 discussions

Daily notes

MDT notes and documentation

Service user view in the report

Service users signed and agreed

Good quality evidence

“I” statements and quotes from service users in HCR-20

Questionnaires—do you feel involved?

MDT reports template

Follow up questionnaire

Measuring

Quality, weight, height

The tool used to measure was inappropriate

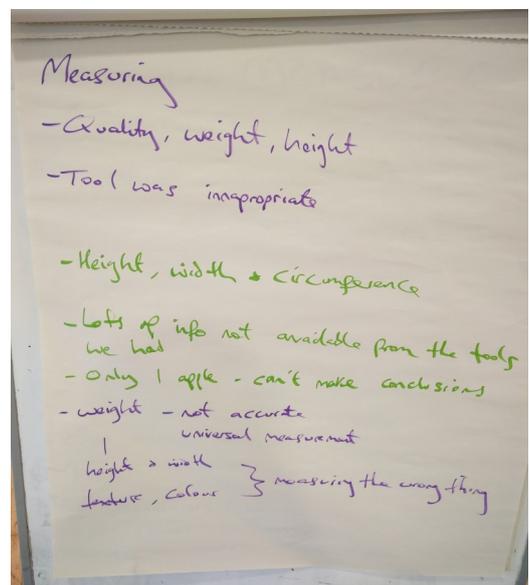
Height width and circumference

Lots of information not available from the tools we had

Only 1 apple—cant make conclusions

Weight, width, texture, colour—measuring the wrong thing??

Weight—not accurate—universal measurement



Measure height and width but if you try and measure the circumference it will always be variable and can be measured from different people.

What is the purpose of the measurements

The measurement is only 1 apple.



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>The provider is to produce evidence of continued progress against the action plan for further development and/or delivery of the education and training programme produced at end of Quarter 2.</p> <p>The provider is to re-audit the nature and extent of service user involvement in the development of their risk assessment and safety management plans for end of Quarter 4.</p> <p>The provider is to produce evidence that 100% of service users have collaborated in development of their own risk assessment and safety management plan or to specify a reason why this has not been possible and what steps have been taken to try to rectify this situation.</p>