Surrey and Borders Partnership NHS
NHS Foundation Trust

Multi Disciplinary Team Training - Cumulative Summary of Evaluations

Workshops 1 – 52 (5/9/12 - 20/12/12)

[Summary of 1252 responses]

1. Usefulness of the Session

Please rate the usefulness of the session in developing your knowledge and understanding of positive risk assessment and management

1 **[5]**	*2* **[31]**	*3* **[222]**	*4* **[738]**	*5* **[256]**
[0%]	[3%]	[17%]	[59%]	[21%]
Very Poor	*Poor*	*Average*	*Good*	*Excellent*

2. Facilitator(s)

How would you rate the effectiveness of the facilitator in creating an atmosphere that encourages learning?

1 **[2]**	*2* **[27]**	*3* **[168]**	*4* **[689]**	*5* **[354]**
[0%]	[2%]	[13%]	[56%]	[29%]
Very Poor	*Poor*	*Average*	*Good*	*Excellent*

3. Workshop Objectives

How do you rate programme in the following aspects?

(Please circle on scale of 1 = Very Poor …… 5 = Excellent)

The use of discussion / interaction in sharing practice.

1 [1]	**2 [25]**	**3 [203]**	**4 [711]**	**5 [298]**
[0%]	[2%]	[16%]	[58%]	[24%]

The use of SIs / case studies in reviewing your team practice.

1 [14]	**2 [45]**	**3 [290]**	**4 [610]**	**5 [231]**
[1%]	[4%]	[24%]	[51%]	[20%]

The use of the video clips in identifying available support.

1 [34]	**2 [91]**	**3 [332]**	**4 [397]**	**5 [136]**
[3%]	[9%]	[34%]	[40%]	[14%]

Developing action plans.

1 [10]	2 [50]	3 [302]	4 [609]	5 [196]
[1%]	[4%]	[26%]	[52%]	[17%]

4. Other Comments

In summary

The combined 'Good' & Excellent' ratings from up to 1252 responses are as follows:

ITEM	RESPONSES	GOOD	EXCELLENT	%
Usefulness of the session	1252	59	21	**80%**
Facilitator(s)	1240	56	29	**85%**
Use of discussion/interaction	1238	58	24	**82%**
Use of case examples	1190	51	20	**71%**
Use of video clips	990	40	14	**54%**
Developing action plans	1167	52	17	**69%**

All the narrative 'Other Comments' are included unedited in the separate team/unit summaries. These are collated by what participants called their 'team' on the evaluation sheet (but also includes 'Unspecified' groups where no name was included). The following are the different sectors, with the number of categories included in each (not necessarily an accurate reflection of the number of teams existing):

Learning disability	28
Working age adults ~ community	25
CYPS/CAMHS	25
Working age adults ~ in-patients	20
Older persons ~ in-patients	12
Older persons ~ community	11
Drug & Alcohol Teams	6
Assertive outreach teams	5
Community Forensic/Prison Inreach	2
Total	134

Headline Themes ~ on reflection

Programme expectations

- The Trust has not performed any worse than many other organisations (and significantly better than some) in providing risk training, but the expectations at the outset were very much higher!
- It was an excellent idea of starting with Leadership modules followed by multidisciplinary team workshops, establishing high expectations of an organisation thinking positively about how everyone should be working with risk. However, I would suggest that this important opportunity was under-utilised by the Trust and therefore the original expectations were not reached
- There is a lack of any clarity or consistency in understanding what the 'Leadership' role should be
- With few exceptions, the workshops were not multidisciplinary team sessions... frequently they were a wide mix of teams or even sectors being represented, and the numbers were felt (by facilitators and a significant number of participants) to represent a clear indication of prioritising quantity over quality of training experience. We noted that some participants expressed their views that the process felt like a 'box-ticking exercise' or a 'people through the door approach' with a main focus on satisfying audit requirements
- Venues were largely of quite poor quality and overcrowded… the only times it appeared to work were the unintentional occasions when low numbers attended (but even these were of mixed practitioners, and not specifically team-focused)
- In the experience of the facilitators, genuine team-based sessions preferably at the team base, or workshops of up to 16 participants, are the most effective. Economics precluded this option this time around, but it might be in the interests of the Trust and all of its practitioners to explore ways of better achieving this in future
- Concerns were raised by a number of staff members attending the 5 workshops the week before Christmas, that they had to attend mandatory training at this very busy time of the year

- **Suggestions for ways forward**

- Establish a brief for what you expect of the 'Leadership' personnel
- Use the workshop 'Action Plans' handout as a starting point for linking Leaders and their teams (i.e. locally review team priorities)
- Plan future risk training and development to be integrated more into routine practice, rather than a workshop blitz
- See 'Future risk training strategy' later in this report

MDT Workshop structure & content

- The Cumulative Evaluations indicate that overall the workshops were positively received (80% and 85% good & excellent ratings for usefulness and facilitation respectively), and the narrative comments collated by teams also reflect a balance of positive reinforcement for areas of content
- When meeting with in excess of 1200 staff there will inevitably be people who did not want to attend, felt they were not consulted on their ideas for what they wanted, needed to express their own grievances in a public arena, and fail to appreciate the efforts made by the organisation and facilitators to provide a place and time for reflective practice. These issues will also be reflected in the narrative comments on evaluation forms, as clearly, the larger the training project the more likelihood there is of receiving a modicum of negative comments
- The structure and content were developed by Steve Morgan (the lead facilitator) in response to the prior requirements for using DVD film clips, observations on one of the Leadership days, combined with some of my own published and DH recognised work
- The local idea of developing SUI-based case studies was not one I felt would meet the requirements of the workshop in the best way:
  - It contradicted a strong theme in the 'Principles' that learning should not only be based in untoward incidents, but should also focus on good practice
  - My experience of many years involved in training has identified a consistent theme in participant feedback that they did not have an opportunity to focus on their own case material to make learning more instantly relevant (there are a small number of exceptions in this programme's evaluations where some staff asked for SUI-based case studies)
  - Asking people to identify current challenging case material does not require advanced preparation, but it usually does produce focused examples of serious and complex risks being managed within the services from which to reflect and learn. In addition, this approach can be a much better use of time for the participants, as it can provide an opportunity for multidisciplinary review of current cases
  - 71% good & excellent ratings for use of case studies is much higher than I would anticipate from only using a small range of pre-prepared SUI case studies
- I do acknowledge that a small minority of participants across the 53 workshops made a comment on their evaluation form that they would have liked a SUI case study to be used

- In my own workshops I did shift the emphasis in the latter stages away from using the DVD clips to creating more time for case discussion and action plans:
  - This was partly influenced by accident (a couple of workshops where the equipment was not available or working)
  - This was partly influenced by the emerging theme from evaluation form feedback that the use of DVD clips was by far the least useful part of the workshop structure and content (54% good & excellent ratings)
  - Narratively a significant number of participants were expressing frustration and even anger with the messages on the DVD not corresponding to their experiences in practice (with virtually no narrative comments as to why some were rating this component good or excellent). In particular, a significant proportion of staff were citing middle management as the source of the blockage occurring in respect of the positive messages from the Trust Chief Executive
- My *Structured Approach to Risk Decision-Making* is a published tool developed within practice-based evidence over the last 11 years… it reflects the areas of best practice that should contribute to a clear narrative statement of risk decisions, and was universally received well (with a few exceptions)
- In my experience, the action plans part of the day was a little rushed, but also needed a stronger focus on team-based workshops to make them more achievable

- **Suggestions for ways forward**
- See 'Future risk training strategy' later in this report
- The detailed handout pack was designed to be a resource for on-going consultation and prompting for good practice, and it should be reinforced by those involved in a 'Leadership' role
- All teams need to focus on their 'Action Plans' in order to sustain the theme from the 'Principles' of continuous learning through reflective practice

Principles & support (including SIST)

- The Principles identified from the Carson & Bain reference were broadly understood but frequently felt to be removed from the realities of practitioners daily experience… there is a natural gap between what by definition are broad ranging statements of principles and the day-to-day details of practitioner experiences
- Many practitioners expressed the reflection that principles they recognise

and adhere to more frequently emerge from professional codes of practice rather than academic publications

- The DVD clips prompting discussions about support from senior management (i.e. personnel above team management level) largely engaged views as to how remote and out of touch managers are from the true experiences of practitioners (see separate file on 'Support and Stress' for examples of these reflections)
- Anecdotally, a third of experiences put forward by participants reflected good examples of support from middle/senior management, and two-thirds reflected poor or no support experienced at the point where a serious incident had occurred
- From my previous experience of two CEO's (and a large body of evidence in business management literature), all personnel above team manager level should prioritise one day every two months devoted to working a shift and spending a day with different clinical teams:
  - This should be the first priority in the diary, not deflected for reasons of being too busy
  - The role should specifically be as assistants under supervision from team members, not in the role of observing or stating management initiatives
  - The purpose is to retain current experience of what it is they are actually managing
  - It isn't good enough to cascade endless initiatives without really experiencing the cumulative pressure they create through riskier practice (N.B. Most practitioners are obviously not moaning just for the sake of it, they are the people who know how much more risk is created in the statement [in Principle 7] that 'the system' contributes to poor risk-taking)
- Greater consistency is needed in the way support is offered to staff immediately after a serious incident occurs… many good examples were identified across workshops, but they are currently in the minority and should be the expectation every time (i.e. this should be a significant example of how the theme from the principles about learning can be put into practice)
- The workshop handout 'Organisation Culture' outlines a few simple messages that, if consistently delivered, would greatly improve the frequency with which staff experience positive support at a traumatic time:
  - Firstly asking how staff feel at a time of significant trauma
  - Stating the managers feel staff did everything they could within available resources, thus helping to dispel the perception of 'guilty until proven innocent'
  - It is for a process of investigation to identify the rare incidence of guilt, not for immediate punitive messages to imply it without specific evidence… a death does not automatically imply poor

decision-making, Principle 1 states that it is inevitable that some incidents will occur even with best practice

- Not immediately focusing on the documentation and need for an interview, as most staff already know the importance of these components to an investigation. Therefore immediate reinforcement of these first only serves to contradict any idea of the organisation supporting its staff
- Offering flexible and consistent support throughout the lengthy process of inquiry
- Consistent delivery of this approach should make economic sense through reduced sickness rates and improved staff retention (this was identified by Mersey Care Trust many years ago)

- Delivery of the degree of consistency required for the points above will require the Trust to prioritise focused training for all senior personnel, as well as auditing their delivery of the approach… subsequent anecdotal evidence from staff could complement statistics regarding sickness and retention rates over time in order to evaluate the impact
- The SIST initiative was positively received by all who had experienced it at the time of discussion in the workshops. However:
  - A slight majority of staff were not aware of the initiative when asked in the workshops, but at least the workshops were achieving the role of raising greater awareness
  - Of those who were aware, a small number had chosen not to take up the offer of external support
  - The number of trained staff to facilitate support is increasing but will probably need to increase further to manage anticipated increasing uptake
  - There were a number of more specific questions asked (e.g. what about individuals outside of the specific team? What if the team manager doesn't feel the need for external support but some staff members do? What about staff experiencing trauma without a clinical SUI having been registered?), and there is a role for 'Leadership' to respond to these with the consultation of the comprehensive Protocol
  - For a few practitioners the email notification system was assumed to not be working properly as they had experienced traumatic incidents without any involvement of SIST

- **Suggestions for ways forward**

- See a separate file on the Carson & Bain principles that capture many reflections and suggestions from workshop participants

- See separate file on 'Support & Stress Comments' as a list of issues identified that influence the experience of support and ability to achieve good practice
- A large majority of participants agree with the suggestion that all managers above team manager level, up to and including CEO, should make their first priority to be time spent alongside practitioners experiencing the realities of practice
- A large majority of participants agree with adopting the ideas about consistent messages to staff at the point of investigation following serious incidents
- The SIST initiative should be further reinforced by the 'Leadership' personnel and wider consultation by all staff of the Protocol on the Trust intranet

Risk-taking & Positive risk-taking

- The Principles identify 'risk-taking' in several cases, but the concept of 'positive risk-taking' has been developed by Steve Morgan since 1997 to be something very specific and meaningful (see the relevant workshop handout)
- Many participants see 'risk-taking' as very broad and lacking meaning (see separate file on Carson & Bain Principles) but responded very positively to the concept of 'positive risk-taking' as reflecting what they do in their practice
- A significant number of practitioners (within workshops and in narrative evaluation statements) require the Trust to make 'positive risk-taking' more specific within policy and recognised by senior managers
- The 'positive' in the phrase is specifically about the intended outcomes of risk decision-making. It is not 'positive risk'

- **Suggestions for ways forward**
- Adopt statement from the workshop handout 'Positive Risk-Taking ~ Specific and Meaningful'
- All teams to be encouraged to contribute examples of good practice based on 'positive risk-taking' to inform on-going Trust policy and to contribute to the theme in the Principles of learning from best practice

Structured risk decision-making

- The *Structured Approach to Risk Decision-Making* reflects the message in Principle 8 about the importance of a systematic approach, which also echoes the DH principles from 2007

- It has been developed based on detailed interviews, observations and personal practice, in order to distil the consistent themes that inform risk decision-making. As such it has been received largely very positively by workshop participants
- A small number of participants express reluctance to use the tool until the Trust more formally endorse it, but most say it reflects broadly what they are (or should be) doing anyway
- The emphasis with this tool places 'risk assessment' in its most beneficial place i.e. as one important source for informing risk decisions… it enables a shift of emphasis from a primary focus on ticking boxes to a better quality focus on good quality narrative content. Importantly, this approach evidences good risk decision-making and assists practitioners trying to ensure their practice will withstand appropriate external scrutiny

- **Suggestions for ways forward**
- The Trust should endorse the *Structured Approach to Risk Decision-Making* as the means for supporting better quality decisions as well as structuring the documentation in the summary box of the RiO Risk Assessment
- Each team should reflect on the *Structured Approach to Risk Decision-Making* to consider in what ways this flexible resource should be frequently used [N.B. I would be open to ideas about formally evaluating the use of this tool as a means of trying to reinforce its use in practice]

Risk Tools (including needs of different sectors)

- *Risk Tools* are not just paperwork formats, we should more strongly emphasise the place of checklists and a wide range of 'tools' as a means of prompting and guiding practitioners in different aspects of their challenging day-to-day work
- As mentioned in the previous section the *Structured Approach to Risk Decision-Making* is a specific tool for enabling people to arrive at good quality reasoned narrative risk decisions… with few exceptions this tool was very well received across the workshops in terms of reflecting what good practice is as well as supporting decision-making
- Practitioners used the brief opportunities within the workshops to express concerns and suggestions regarding RiO, but these workshops were expressly not RiO training sessions. A separate list of comments on RiO has been appended to this report for passing on to the Trust RiO development group for information and consideration
- The facilitators are aware that the Trust has little leeway in making changes to RiO, and it has a pre-designed Risk Assessment format built in to the RiO functionality as part of the package. However, the

format is considered wholly inadequate by the majority of people expected to use it:

- It is tick-box oriented to most people who have to use it, and the structure reinforces the need to spend time considering ticking boxes
- There is no scope to adequately reflect the grey areas in working with people (i.e. lack of information at specific times), and there is no provision for an 'Unknown' option, just a straightforward Yes or No
- The narrative comments are more frequently responses to the required tick-boxes, rather than an opportunity to respond flexibly and creatively to genuine needs
- There is no prompt for formulation of risk decisions, risk management plans, crisis or contingency planning
- It is not clear how it was originally developed, to be able to evaluate if it is fit-for-purpose; and this may suggest that the Trust are not fully aware of the messages from the DH *Best Practice in Managing Risk* document which clearly recommends the use of structured professional judgement based underpinned by recognised evidence-based clinical tools
- Overall, it focuses attention more onto bureaucratic needs, and less on the specific clinical needs of the individual service user
- Its design appears to be more geared to easing the tasks for auditors not supporting the tasks for practitioners
- There are no prompts for identifying and using service user *strengths*

- The workshop handout *Guidelines for using the RiO Risk Assessment* emerges from a practitioner focused initiative, and is an attempt to make use of the RiO Risk Assessment in a more flexible way to capture good quality risk information and decisions
- Even with the failings described above, the RiO Risk Assessment is particularly inadequate for the needs of Learning Disability services and CAMHS/CYPS teams (e.g. it fails to connect with the well-established principles in Learning Disability of *Valuing People Now* and 'person-centred planning')
- Community Forensic services are rightly enabled to use specific tools designed for their purposes (e.g. HCR-20), but the same principle should be opened up to other specific parts of the Trust services
- There are a range of fit-for-purpose tools (partly indicated by the DH 2007 document *Best Practice in Managing Risk*) and staff should be encouraged to use these as prompts and guides (as long as they are clearly developed recognised tools, not just anything that a practitioner

happens to like)

- **Suggestions for ways forward**
- The first important message to be supported is that best practice doesn't start by looking at a form! Paperwork is the end-point of a process of good practice
- The *Structured Approach to Risk Decision-Making* workshop handout should be adopted as a standard tool for supporting reasoned risk decisions
- As a minimum, the Trust should adopt the prompts from the workshop handout *Guidelines for using the RiO Risk Assessment*
- The Trust should identify people to explore the range of best practice recognised tools that will support different sectors in their pursuit of good practice, and recommend a small range of tools for prompting and guiding day-to-day practice irrespective of whether the RiO tool is the final place for documenting information
- The Trust should explore the possibility of other tools being attached/imported onto the RiO platform if they will prompt, guide and capture better quality risk information

Future risk training strategy

- A small number of participants did express further training needs, most specifically on *effective record-keeping*, developing *risk management plans* and *contingency planning*, and *how to evaluate the validity of risk tools expected to be used*
- A number of practitioners also expressed a range of ideas through workshops that should really be their (and within their team) responsibility to develop as action plans and work on themselves
- The structure and content of the workshops made it impossible to devote any quality time to the wider issues and implications of the Care Programme Approach (CPA), but frequent comments were expressed by practitioners that the CPA was not working effectively as a platform for good practice in assessing, managing and taking risks in a collaborative way
- As to be expected, the CPA was more often experienced as an overly bureaucratic measure rather than a process that enacted its underlying principles… the facilitators have published DH guidance for service users & carers, and independently published a detailed approach to minimising bureaucracy and maximising person-centred CPA practice (see reference in 'Additional Resources' workshop handout)
- A few practitioners expressed concerns that whilst *unmet needs* are being recorded through the mechanism of CPA, no feedback as to what was happening with this information seems to be forthcoming. The facilitators feel this is an extremely important issue as, of course,

we would expect this data to be routinely captured as part of the clinical audit / governance processes. We would suggest it is always helpful to provide practitioners with unmet needs data across the year as this not only demonstrates the Trust is analysing the data, but also helps to inform staff about the broad areas of unmet needs locally. Further, we feel that this unmet needs data can be extremely helpful when negotiating with Service Commissioners for new/additional resources

- The workshops were ultimately experienced as a means of achieving an external standard for training within 3 years rather than an exercise in good practice in working with risk. The negativity of many practitioners to this tick-box approach to organisational pressures can be challenged by further developing the Trust's early intentions through establishing the 'Leadership' modules (i.e. risk training can be achieved more effectively by alternative ways to the workshop approach)
- The DH *Best Practice in Managing Risk* principle concerning risk training mentions a minimum of 3 years for refreshers, but specifically states this does not have to be achieved only by workshops
- Learning is a responsibility of everyone, and on-going risk training happens for good practitioners and in good teams on an on-going basis. The challenge is to identify and evidence this as a contribution to the organisation's responsibility. It could be achieved in the following ways:
  - Shifting the emphasis of language from *training* to *learning*
  - It is the responsibility of all practitioners to maintain their on-going professional development, and risk needs to be a top priority for reading, reflection and thinking
  - It is the responsibility of all teams to maintain their on-going learning through supervision, meetings, forums, away-days, etc.
  - The resources provided through the filmed modules and workshop handouts provide an extensive starting point for individuals and teams
  - It is the responsibility of the organisation to ensure consistency of thinking, understanding and learning about good practice in working with risk… this should be vertical not just a top-down message to practitioners
- A shift in thinking across the organisation should enable the above sub-bullet points to be evidenced across all teams as a means of demonstrating continual learning, with consideration of brief e-learning modules as a further means of capturing those who are slower at providing such evidence… the *Leadership* personnel should be tasked with following this up based partly in the 'Action Plans' emerging from the final session of the workshops

- **Suggestions for ways forward**

- Explore the details of specific training requirements around effective record keeping in relation to the on-going development of RiO within the Trust
- CPA (nationally) needs a radical rethink from a basis of absolute minimum bureaucracy through genuine person-centred planning (see *The Art of Coordinating Care* publication for ways forward)
- Review the current documentation used for CPA, Risk Assessment, Health & Social Needs Assessment, etc. and try to ensure (as far as possible) that duplication is kept to an absolute minimum
- Achieve greater clarity about the roles of all those attending 'Leadership' modules for taking forward good practice and shifting the emphasis from *training* to *learning*… start with following up the 'Action Plans' from the workshop sessions
- Consider a strategy for all individuals and teams to be using resources and recording their learning as a means of meeting the principle set out for risk refresher training by the DH