East London **NHS**
NHS Foundation Trust

# Clinical Risk Assessment and Management Policy

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| Consultation Groups | The Quality Committee membership and staff involved in complaint investigation and handling |
| Approved by (Sponsor Group) | The Quality Committee |
| Ratified by: | The Quality Committee |
| Date ratified: | 14th October 2020 |
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| Services | Applicable |
|---|---|
| Trustwide | x |
| Mental Health and LD | |
| Community Health Services | |

# Version Control Summary

| Version | Date | Author | Status | Comment |
|---------|------|--------|--------|---------|
| Final | January 06 | | Final | |
| Final | March 07 | | Final | |
| Revision Draft 1 | June 08 | | Draft | Policy to reflect "Best practice in managing risk" DH guidelines from June 2007 |
| Revision Draft 2 | Sept 08 | | Draft | All risk assessments are recorded in CPA documentation set only. Risk checklist appended to this document for guidance in completion of CPA risk assessment documentation only. Policy revised to be compliant with NHSLA risk management standards |
| 4.0 | September 2011 | Peter Sheils, NHSLA Consultant | Draft | Revised to incorporate the Principles of Risk Assessment and Management and the Risk Management Process. |
| 5.0 | November 2019 | Claire Mckenna Director of Nursing | Draft | Due review Includes changes to CPA documentation |

# Contents

**Executive Summary**

The focus of this policy is on the principles of clinical risk assessment and management in the secondary mental health care provided by East London Foundation Trust.

All staff involved in direct clinical care should have a good understanding of the principles involved in clinical risk assessment, the requirements of their role in relation to these and the availability of guidance and tools with which to enable them to fulfil their responsibility in  relation to this aspect of their work.

Good risk management is underpinned by widely acknowledged principles for the assessment and management of risk that are evidence-based.

# 1    Introduction

Dealing with clinical risk is an essential and unavoidable aspect of the work of mental health practitioners and risk management is a core component of mental healthcare and the Care Programme Approach. It is important that all clinical staff are familiar with the principles of good practice which underpin effective risk management. Clinical risk in mental health covers a broad spectrum of risk which includes risk of suicide, self-neglect, harm to self and/or others and requires practitioners to help patients manage their behaviour in relation to these sorts of risks.

# 2    Purpose

The purpose of this policy is to promote a thorough, consistent and high standard of practice with regards to clinical risk assessment and management in order that staff and the organisation can effectively manage clinical risk thereby increasing safety to patients, their family and carers, staff and members of the public. The policy also aims to clarify the roles and responsibilities of different staff groups in relation to risk assessment and management.

Patients under the care of the Trust should be reassured that clinical risks presented by them will be assessed and reviewed as often as is necessary to ensure that those risks are managed safely and effectively throughout their care spell, regardless of the care setting.

# 3    Scope

This policy and procedure applies to mental health staff practitioners in East London NHS Foundation Trust, regardless of qualifications and experience, who are required to assess and manage clinical risks as a part of their duties, whether on Trust premises or not.

# 4    Duties

## 4.1    The Trust Board

Has responsibility for ensuring that there is an effective framework in place to assist staff in the effective management of clinical risk.

## 4.2    The Chief Executive

Has overall responsibility for the effective implementation of this policy.

## 4.3    Clinical and Service Directors

Have a responsibility for ensuring that all their clinical practitioners are adequately trained and skilled in clinical risk assessment and management planning and have fulfilled their minimum training requirements as specified in the Training Needs Analysis. In addition to this, service directors are responsible for ensuring that clinical staff are receiving regular supervision and oversight of their clinical work and that this includes monitoring of compliance with the principles and requirements of this policy and any associated documentation.

4.4 Clinical Practitioners

All practitioners are responsible for ensuring that they are adequately trained and skilled to carry out clinical risk assessments and management planning and have fulfilled their training requirements as specified in the Training Needs Analysis. Practitioners also have a duty to ensure they carry out clinical risk assessments and management planning as part of their clinical work, in line with the principles contained within this policy and using the Trust's most up-to-date tools and templates available on the intranet.

## 5 Definitions

5.1 Aggression

A disposition, a willingness to inflict harm, regardless of whether or this is behaviourally or verbally expressed and regardless of whether physical harm is sustained.

5.2 Protective Factor

Any circumstance, event, factor with the capacity to prevent or reduce the severity or likelihood of harm to self or others.

5.3 Risk

The nature, severity, imminence, frequency/duration and likelihood of harm to self or others. A hazard that is to be identified, measured and ultimately prevented.

5.4 Risk Assessment

The purpose of gathering information via personal interviews, psychological/medical testing, review of case records and contact with collateral informants for use in making decisions.

5.5 Risk Factor

A condition or characteristic assumed to have a relationship to the potential to harm another person or self

5.6 Risk Formulation

An explanation of how risks in specified areas arise in a particular individual given the presence of and relevance of conditions that are assumed to be risk factors for a hazardous outcome that is to be prevented. A risk formulation should account for the role of protective factors as well as risk factors.

5.7 Risk Management

The actions taken, on the basis of a risk assessment, that are designed to prevent or limit undesirable outcomes. Key risk management activities are treatment (e.g. psychological care, medication), supervision (e.g. help with planning daily activities, setting restrictions on alcohol use or contact with unhelpful others, and so on), monitoring (i.e. identifying and looking out for early warning signs of an increase in risk, which would trigger treatment or supervision actions), and, if relevant, victim safety

planning (e.g. helping a victim of domestic violence to make herself safe in the future and know better what to do in the event of perceived threat).

### 5.8 Sexual Violence

Actual, attempted or threatened harm to another person that is deliberate and nonconsenting and is sexually motivated.

### 5.9 Violence

Actual, attempted or threatened harm to another person that is deliberate and non-consenting.

### 5.10 Vulnerability

Specific factors that relate to the likelihood of an individual being victimised, taken advantage of, or exploited by others. Vulnerable individuals may be subject to verbal abuse or harassment, physical or sexual abuse or intimidation, coercion into unwanted acts and bullying. Assessment of vulnerability may include consideration of mental state, physical/physiological conditions, psychological or social problems, cultural or gender issues.

## 6 Principles of Risk Assessment and Management

6.1 Some, but not all, negative outcomes associated with clinical risk can be avoided or reduced by employing risk management procedures but clinical risk itself cannot be eliminated.

6.2 Decisions involving clinical risk always involve balancing the health and safety of service users and others with service users' quality of life, their personal growth and their right to exercise choice and autonomy in the care they receive. It is acknowledged that receiving this balance is often complex and absolute safety can never be guaranteed.

6.3 Risk assessment and management is an integral part of routine clinical care and therefore relies upon a good therapeutic relationship with the patient.

6.4 Collaboration with the patient and those involved in the patient's care should be intrinsic to the risk management process. Service users and carers should, where possible, be actively involved in the assessment of risk and creation of risk management plans. Materials to support safety planning should be made available to the service user.

6.5 Risk assessment should always inform risk management and contribute to clinical care and the wider assessment and planning of care needs.

6.6 All forms of risk should be considered and assessed together, bearing in mind that patients who present a risk to others are likely to be vulnerable to other forms of risk such as self-harm, self-neglect or exploitation by others.

6.7 Risks are not static and therefore require regular review and assessment in response to the patient's changing presentation and circumstances.

6.8 Risk assessment and planning should be carried out within the multi-disciplinary team to increase the sharing of information and promote a multi-perspective approach.

6.9 Completion of risk assessment and management documentation for the purpose of CPA should always be done using the Trust's most up-to-date risk assessment and management tools/templates located on the intranet.

6.10 The sharing of risk information between team members, mental health teams and agencies is key to effective risk management and should be done within the confines of secure and confidential sharing of personal information between personnel on a Need to Know basis, with reference to The NHS Code of Practice on Confidentiality, The Caldicott Principles, the Data Protection Act and the London Health & Social Care Inter Organisation General Protocol for Sharing Information.

6.11 Each clinical team should be clear as to who is responsible for the routine risk assessment and management planning for patients who are newly admitted to their care and also who is responsible for ensuring that routine reviews of risk and management plans happen.

6.12 All practitioners should be clear about their role and responsibility for responding to, documenting and communicating any changes to a patient's risk, regardless of their direct involvement in that patient's care. Where there are a number of people involved in risk assessment, it should be clear as to who is responsible for ensuring completion and documentation of the assessment and subsequent management plan.

## 7 The Risk Management Process

Please refer to the attached crib sheet for further adult risk assessment form information.

7.1 When an individual is not subject to CPA and person is being seen in all but crisis or inpatient services the risk assessment and management process should be initiated as part of routine assessment and care planning Information on risk assessment, formulation and management must be considered in progress notes and reflected in correspondence to GPs. The adult risk assessment form may be used where significant risk has been identified and referral onwards to crisis services or inpatient services are required to manage risk. The person directly involved in assessment of risk will complete the inline risk assessment tool, and communicate identified risks to onward team.

7.2 The staff member/s receiving and responding to a referral for a patient should ensure that the agreed minimum of risk information is obtained prior to commencing assessment or providing care to the patient. In some circumstances, more detailed information may be sought prior to the patient being seen for assessment and treatment but this may be influenced by the urgency and immediacy with which care is required.

7.3 When a service user is subject to CPA, accessing inpatient care or where substantial risk concerns have been identified, the inline assessment form must be completed.

7.3 Where possible and considered necessary, risk information should be sought from a wide variety of sources some of which are listed below for consideration:

• Family/Carer/Partner/Significant Other/Friend
• General Practitioner
• Accommodation Provider

- Other NHS Trusts/Hospitals and Teams
- Probation Services
- Local Police - Local Intelligence Units often have additional information which they will disclose when there a public protection issues at stake and information can be sought by contacting the intelligence officer at the local police station
- Prisons – following remand in custody, prison establishments may have a significant amount of risk information about an individual which can be accessed via contact with hospital/medical wings, psychology and probation departments or difficulties in obtaining information can be the Duty Governor.
- Children's Social Care section of the local authority
- Voluntary and third section agencies providing support and care to the patient
- Multi Agency Public Protection Panels (MAPPAs) – convened by local probation services to help manage the risks associated with a small number of individuals with the potential to cause serious harm and requiring management on an inter-agency basis. Any agency can refer a case to the MAPPA and the main purpose of the panel is to share information, jointly assess risk, and devise strategic plans to manage the dangerousness of individuals by agreeing and documenting the role of each agency and individual in the risk management of the case.

7.4 Risk information gathered should be evaluated for its quality and relevance to the risk management process and streamlined to ensure that key risk information is clear and readily accessible to staff who may be required to make quick decisions relating to a patient's safety and care.

7.5 Information relating to a patient's clinical risk should be considered in terms of the recent risk, the severity, the frequency and the pattern. This should inform the need for immediate and longer-term risk management planning.

7.6 Accurate history taking is a key part of clinical risk assessment and management planning. Gaps in information due to poor reporting by the patient and/or other informants should be identified, recorded and communicated to colleagues in order that it can be sought at a later stage.

7.8 Assessment of the key areas of risk should aim to answer the following questions:

- Is there a risk of harm?
- What sort of harm and of what likely degree?
- What is the immediacy or imminence?
- How long may the risk last?
- What contributory factors relate to the level of risk?
- How can the contributory factors be modified or managed?
- Are there any protective or mitigating factors?

7.9 The risk assessment findings and management planning should be documented using the agreed format for each clinical team. The relevant tools are as follows:

- Adult Mental Health Services CPA Template and CPA Care Plan
- CAMHS Risk Assessment and CAMHS Care Programme Approach Care Plan
- Specialist Addiction Services Risk Assessment Form
- HCR-20 Document

When an inline risk assessment form is created a Rio entry should be made indicating a risk assessment document has been created, and note that the full risk assessment is now contained in the in-line form.

Risk information should be entered in real time through use of the risk tab on progress notes, which allows for entries containing risk information to be saved in the risk chronology. If required risk chronology can be printed.

"My safety plan" forms part of the risk assessment process. Where at all possible this should be devised in collaboration with the service user and any other party they would like to involve in the plan to mitigate risks. Where collaboration is not possible the document should be revisited at frequent intervals to gain collaboration.

"My safety plan should outline a plan of action to mitigate any identified risks. Plans should include consideration of protective factors and strategies that are known to reduce risk, these may include links to family, friends and support networks within the community. "My safety plan" should outline a plan of action should a crisis occur. This is required to be tailored to individuals needs and wishes, and should contain more detail that just to present to A and E or mental health crisis services.

7.10 Risk assessment and subsequent management planning should be communicated to all relevant clinical and management staff. This will depend upon the clinical setting and the level to which any individual patient's risk is managed on a day to day basis, be it by a whole team such as a ward or mainly by key individuals such as a care co-ordinator and outpatient doctor. Risk information should be readily accessible to any staff member who may be required to provide some form of clinical intervention to a patient regardless of their prior involvement with the patient. Consideration should be given by each clinical team about how risk information can be easily accessed when needed by staff outside of their team, who may be required to provide assessment or urgent care to patients presenting to their services.

7.11 Risk assessment and management documents should be reviewed routinely at key intervals in the patient's care spell such as ward round reviews, discharge planning meetings and CPA reviews. Risks should be escalated and de-escalated in response to any changing factors which alter the overall profile of the risk. This will ensure that the process remains dynamic and is therapeutic in responding to the patient's changing presentation and ability to self-care.

At a minimum review should occur;

·   Every 4 weeks when in an inpatient setting or community enhanced input setting such as crisis or HTT, more frequently as risk and mental state fluctuates.
·   For service users under CPA risk assessment and plan should be reviewed ahead of a CPA review meeting.

## 8   Training

All professionally qualified staff with care co-ordination and CPA responsibilities are required to complete the Trust's clinical risk assessment training and to attend regular refresher training as detailed in the Training Needs Analysis. The Training Department keeps records of attendance at clinical risk training and compliance with training requirements is closely monitored by the Service Delivery Board.

## 9   Monitoring, Compliance and Review

9.1 Completion of the Risk Assessment section of the CPA documentation set as part of the CPA process is audited annually using the Trust's electronic CPA and Risk Assessment Audit Tool.

Monitoring

| NHSLA Standard | Name | Element to be monitored | Lead | Tool | Frequency | Reporting Arrangements | Actions on recommendations and leads | Change in practice and lessons to be shared |
|---|---|---|---|---|---|---|---|---|
| CPA and Clinical Risk Assessment Policies | | | | | | | | |
| 6.3 | Clinical Risk Assessment | Duties | Deputy Director of Nursing | CPA audit | annual | The audit report will be received by the Deputy Director of Nursing | Required actions, including timescales for achievement will be identified by the Director of Nursing within two weeks of the end of CPA audit period | The Clinical Effectiveness Sub Committee will receive and discuss the report and monitor the action plan within six weeks of the close of the CPA audit period |
| | | **Tools and processes authorised for use within the organisation, including timescales for use** | | | | | | |
| | | How clinical risk assessments are reviewed, including timescales | | | | | | |

9.2 Compliance with training is closely monitored by the Service Delivery Board via the quarterly Quality and Performance Report.

9.3 Individual practice issues in relation to risk assessment and management should be addressed in supervision using the Trust's performance management processes for persistently poor performance.

9.4 Issues relating to poor risk assessment and management identified by incident reporting, complaints and internal investigation should be addressed by the development and implementation of action plans to remedy deficiencies of practice.

9.5 Review of this policy should happen within the same time frame during which the CPA policy is also reviewed as both policies are closely interlinked in terms of the framework by which mental health care is planned and delivered.

## 10   References

1. Department of Health (1997) - Report on the Review of Patient-Identifiable Information
2. Department of Health (2003) - Confidentiality: NHS Code of Practice
3. Department of Health (2007) - Best Practice in Managing Risk
4. The Data Protection Act (1998)
5. Royal College of Psychiatrists (2008) – Rethinking Risk to Others in Mental Health Services
6. London Health & Social Care Inter Organisation General Protocol For Sharing Information (2008)

Also wonder if we should mention that there are number of smart-phone apps available, for example Calm Harm (NHSx approved) and Stay Alive (not currently approved) which may be of use, depending on the setting of care. The full range of NHSx approved apps can be reached here: https://www.nhs.uk/apps-library/filter/?categories=Mental%20health