

CLINICAL GUIDELINES FOR THE ASSESSMENT AND MANAGEMENT OF CLINICAL RISK

PROCEDURE NUMBER:	CG28
VERSION NUMBER:	3
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CONSULTATION GROUPS:	TANG, SMBs, Clinical Governance Groups and Committees
IMPLEMENTATION DATE:	August 2010
AMENDMENT DATE(S):	November 2011, February 2014 (format change)
LAST REVIEW DATE:	November 2011
NEXT REVIEW DATE:	November 2014
APPROVAL BY EXECUTIVE TEAM:	22 nd November 2011
RATIFICATION BY BOARD OF DIRECTORS:	30 th November 2011

SUPERSEDED: NOVEMBER 2014

SCOPE

Services	Applicable	Comments
Essex MH&LD	✓	
Bedfordshire & Luton MH&LD	✓	
Secure Services Essex	✓	
Secure Services Bedfordshire & Luton	✓	
CAMHS Essex	✓	
CAMHS Bedfordshire & Luton	✓	
Bedfordshire CHS	N/A	
South East Essex CHS	N/A	
West Essex CHS	N/A	
Suffolk CHS	N/A	

The Director responsible for monitoring and reviewing this policy is
The Executive Director of Clinical Governance & Quality and Executive
Nurse

**CLINICAL GUIDELINE FOR THE ASSESSMENT AND MANAGEMENT OF
CLINICAL RISK - CG28**

SOUTH ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**CLINICAL GUIDELINES FOR THE ASSESSMENT AND MANAGEMENT OF
CLINICAL RISK**

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**CLINICAL GUIDELINES FOR THE ASSESSMENT AND MANAGEMENT OF
CLINICAL RISK**

Assurance Statement

The principles and guidelines contained within this procedure and the associated documents will ensure that all clinical staff, who work within SEPT Mental Health and Learning Disability Services and are involved in assessing and managing clinical risk, have current information available to them to systematically assess service users, with patient safety in mind.

The therapeutic relationship between the service user and/or relative / carer, and the professional is considered a fundamental element to effectively assessing and managing clinical risk.

It is considered that staff, service users, relatives and/or carers will work in collaboration to ensure a thorough assessment of the person, which will include a consideration of risk factors.

These clinical guidelines should be read in conjunction with the associated Trust Policies: Adverse Incidents Policy (CP3); Care Programme Approach (CLP30); Clinical Guidelines on the Prevention of Suicide (CG29); Clinical Guidelines for the Management of Deliberate Self Harm and Self-Injurious Behaviour (CG71); and, the Policy on Being Open (CP36).

1.0 INTRODUCTION/AIMS

- 1.1 This clinical guideline identifies key principles for assessing and managing clinical risk with service users: promoting open and honest communication between all service users and staff. The Trust's Care Programme Approach (CPA) Policy and Handbook (CLP30) provides documentation and further information on the principles to be followed by staff with regard to the CPA process, which includes risk assessment and risk management.
- 1.2 The Trust aims to deliver high standards of healthcare to all service users and promote commitment from all healthcare organisations, involving each individual who works for the Trust.
- 1.3 Specific objectives are to:
 - ensure that clinical risk is robustly managed and, in the event of an incident, investigated, which will include understanding the root causes and identifying learning;
 - improve practice and/or systems and policies;
 - minimise the risk of incidents and accidents occurring;
 - comply with practice and governance requirements.
- 1.4 A person's care must be based upon an individual assessment of needs and risks that is developed in a collaborative and therapeutic manner, in accordance with the Trust's CPA Policy (CLP30). The development of the

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therapeutic relationship is considered the most valuable tool in reaching decisions regarding care and treatment.

- 1.5 These clinical guidelines consider recommendations made following The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness and lessons learned from independent inquiries and the NPSA organisational and national reports.
- 1.6 Forming an open therapeutic relationship with the service-user and carer is critical to the process of developing a meaningful and collaborative risk assessment and risk management plan. This requires the practitioner's professional skills and clinical judgement.

2.0 SCOPE

- 2.1 This clinical guideline is aimed at all Trust staff, whether permanent or temporary, who are working with service-users in SEPT Mental Health and Learning Disability Services.

3.0 DEFINITIONS

3.1 Risk is viewed as:

- any issue which may impact on the effective, safe delivery and quality of the care and treatment given to our patients;
- '...the possibility and likelihood of beneficial and harmful outcomes occurring within a stated time scale' (Alberg et al 1996: 9);
- '...the likelihood of an identified behaviour occurring in response to changing personal circumstances. The outcomes are more frequently harmful for self or others, though occasionally they may have a beneficial aim in the pursuit of a positive change' (Morgan 1998: 8).

3.2 Risk Assessment is viewed as:

- 'a process of identifying and investigating factors associated with an increased probability of specified risk behaviours occurring. It is also concerned with the patterns of circumstances in which these factors may arise' (Morgan 1998: 21);
- 'the systematic collection of information to determine the degree to which the identified risk is present, or is likely to pose problems at some point in the future' (O'Rourke et al 1997: 104);
- 'a skill that needs to be learned, practiced and refined' (Wellman 2006: 146).

3.3 Risk Management is viewed as:

- the approach by which a range of actions and factors that are likely to minimise the occurrence and likelihood of identified risks, are identified and implemented (Butler & Lees 2000);
- 'the process of systematically focusing upon methods of reducing both the severity and frequency of recognised adverse clinical risks for each individual patient' (Snowden 1997: 33);
- the 'development of treatment strategies and plans designed to manage identified risks by reducing or eliminating them or reducing their frequency

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and severity (Snowden 1997), and also by reducing the likely impact on all concerned should untoward events occur' (Wellman 2006: 160).

3.4 Positive Risk Taking

Decisions about risk management are made with the aim of improving the service user's quality of life and plans for recovery. However, practitioners must remain aware of the safety needs of the service user, their carer and the public. Viewed as an essential part of a carefully constructed plan that is developed through a collaborative approach, positive risk management 'means being aware that risk can never be completely eliminated, and aware that management plans inevitably have to include decisions that carry some risk' (DH 2007: 8-10). This should be explicit in the decision making process and will involve working closely the service-user and/or their carer and documenting the agreed plans accordingly

4.0 COMMUNICATION

- 4.1 A key part of clinical risk assessment is to consider the needs of the service-user and/or carer, together with gathering information about their experiences.
- 4.2 The assessment of risk for each service user needs to ensure the consideration of current and historical information, in informing decisions regarding the likelihood of reoccurring risk behaviour and the implementation of risk management plans, in accordance with the Trust's CPA Policy (CLP30).
- 4.3 Communicating effectively with service users and carers is a vital part of the process of managing clinical assessment and risk. Effective communication starts with a healthcare need being identified and continues throughout a service user's treatment and care. To enable a proactive dialogue and facilitate assessment throughout the process, it is helpful if a service user and/or carer feels supported, empowered and enabled to communicate and collaborate with Trust employees. Consideration needs to be given to service users with learning disabilities who may have communication difficulties.

5.0 MINIMISING RISK

- 5.1 In order to achieve the aim of minimising and managing risk, the following mental health practice standards will be implemented. These include standards set by Risk Management Standards (RMS), the Royal College of Psychiatrists, and the Nursing and Midwifery Council.
- 5.2 **Practice Standards** – all staff will:
 - 5.2.1 Receive an induction programme and be briefed on appropriate procedures. Individuals will be required to sign to confirm that the following areas have been covered within their induction: clinical policies; record keeping policies; agreed clinical protocol for ECT.
 - 5.2.2 have clear lines of responsibility for the administrative maintenance of medical records, including the filing of reports and records of treatment (CP9 Record Management Policy)

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- 5.2.3 have access to a CPA register that will be fully documented: within Essex, systems will be in place to ensure ease of access and 24-hour availability of information for all clinical staff (CLP30 CPA Policy); within Bedfordshire and Luton, systems will be in place to ensure that out of hours contact is documented as soon as is practicable (CLP30 CPA Policy)
- 5.2.4 have a clear understanding of the interface between health and social care. It is essential that care plans record the responsible agency and individual in the provision of agreed intervention.
- 5.2.5 have a clear and agreed referral process between GPs, community health care workers, Community Mental Health Teams (CMHTs) and Child and Adolescent Mental Health Services (CAMHS) (as per Service Operational Policies)
- 5.2.6 within in-patient services, have a clinical handover / clinical review / clinical risk review of care that is based upon the service-user's current care plan, being led by the nurse in charge between shifts. This handover should include all available relevant members of the ward Multi-Disciplinary Team.
- 5.2.7 have clinical workloads that are monitored by the Ward / Team Manager, both within in-patient and community care settings, with issues of concern being highlighted and actioned within individual staff supervision records
- 5.2.8 complete a comprehensive and effective assessment of all service users, including those presenting with an increased risk of harm, who will receive the highest priority for the allocation of resources
- 5.2.9 a safe environment, with adequate facilities for the assessment and management of clinical risk as a key aspect of providing the individual service user's care. It is recommended that all clinical areas designate a room for this purpose.
- 5.2.10 registered staff will make a systematic assessment of clinical risk as a key aspect of planning and providing care for the individual service user, recording such using approved risk assessment documentation (CLP30)
- 5.2.11 complete training in the Assessment and Management of Clinical Risk, which will be made available to all staff, and is a core practice training requirement for all registered clinical staff
- 5.2.12 within in-patient services, have staffing levels that enable the team to fulfil the requirements for providing therapeutic observation, in accordance with CG8 Engagement and Formal Observation Guideline, which will be monitored by the nurse in charge on a daily basis. The Site Officer and/or Team / Line Manager will be notified of any needs and deficiencies, for action.

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- 5.3 Relevant factors relating to the service users home circumstances and the ward environment must be considered when assessing risk – for example:
- the conditions of the home environment
 - the adequacy of the individual's support network
 - social inclusion
 - their history of criminal and other risk behaviour
 - the ward environment, which will involve identifying high-risk areas e.g. meeting rooms, visitors rooms, kitchen, bathrooms, and taking steps to minimise associated risks.
- 5.4 Potential risk factors must be considered and identified, which will have implications for clinical decision making – for example, agreeing the most appropriate area for the client to be cared for whilst in hospital.
- 5.5 Environmental and social factors that might increase the likelihood of violence and aggression must be identified and managed. Factors that will need to be routinely identified, monitored and managed will include:
- overcrowding
 - lack of privacy
 - lack of activities
 - long waiting times to see staff
 - poor communication between patients and staff
 - weak clinical leadership

(NICE guidance CG01 Schizophrenia)

6.0 ASSESSING RISK

- 6.1 Risk Assessment is an essential and on-going aspect of patient care, which must be clearly documented and reviewed, in accordance with the CPA Policy (CLP30).
- 6.2 Service users, staff, relatives and/or carers will be encouraged to work in collaboration with each other, developing a working therapeutic relationship that enables a full holistic assessment of needs, risks and strengths.
- 6.3 Assessment must be completed in a manner and environment that is conducive to the promotion of psychological exchange. The environment must be calm and secure, encouraging all individuals concerned to contribute.
- 6.4 Staff-members will complete a systematic assessment of clinical risk for the care of the individual service user in conjunction with the individual, documenting the assessment in accordance with these clinical guidelines.
- 6.5 When conducting an assessment of clinical risk, the following elements should be considered:
- Self harm – including accidental harm, deliberate self-harm and harm from substance misuse (e.g. alcohol and drugs)
 - Suicide – including previous attempts, threats, plans, opportunity, access to means and thoughts

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- Adverse consequences of treatment and physical injury
- Risk of absconding from in-patient services
- Risk of disengaging or moving out of the catchment area without informing necessary agencies, such as Health, Social Services, Housing and Probation
- Violence to others – including access to potential victims, specific threats made, history of violence to family, staff or others / specific others, degree of physical harm caused, history of sexual assault, risk to children
- Other types of risk to other people – including risk to children, arson, risk to others (other than violence), destruction of property and issues such as carrying knives or offensive weapons
- Self neglect – including the inability to care for self, lack of support, exploitation by others and vulnerability to abuse, such as financial, sexual and physical
- Neglect and child protection concerns, including abuse
- Risks associated with intrusive sexual, aggressive or death-related thoughts reported by people with OCD. Staff should consult mental health professionals with specific expertise (NICE ref 1.4.1.3).
- Evidence of:
 - transitory behaviour or social restlessness e.g. few relationships, frequent changes of address and/or employment
 - poor compliance to treatment and disengagement from psychiatric after-care
 - Suicidal ideation, tendencies or plans need to be discussed fully with the Multi-Disciplinary Team (MDT) involved in the person's care. Decisions taken surrounding care and treatment in light of these factors must be reviewed regularly and agreed by the MDT involved.
 - suicide plans that include risks to children
 - actual or potential substance misuse
 - recent severe stress, loss events or threat of loss e.g. death in the family
 - recent discontinuation of medication, change in medication or non-compliance
 - physical health risks e.g. refusing to eat, allergies, frailty and mobility
 - threatening behaviour and delusions / hallucinations of a persecutory nature
 - other forms of delusional beliefs
 - risks to children

6.6 Particular consideration should be given to a number of contributory factors that may enhance risk, including:

- failure to monitor service users
- failure to remove dangerous objects
- failure to use a locked ward
- failure to supervise staff
- failure to obtain past records
- poor communication between staff / teams
- failure to treat psychiatric disorders adequately
- failure to discuss treatment options with service users
- negligent discharge

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- history of absconding / disengagement or the potential to abscond / disengage
- history of self harm / suicide
- failure to adopt / follow safeguarding measures
- poor inter-agency working
- cover up
- non-availability of resources
- ill defined responsibilities

7.0 USE OF RISK ASSESSMENT TOOL

7.1 All risk assessment tools used within SEPT Mental Health and Learning Disability Services must be ratified prior to use by the Clinical Governance Committee and reviewed where appropriate by the CPA Steering Group. The following tools, which are either specific risk assessment tools or incorporate risk items, are currently ratified and in use within SEPT Mental Health and Learning Disability Services:

7.1.1 All Areas (unless specified):

- CPA Risk Profile and Key Events Chart (community mental health services) (CLP30)
- the Assessment of Safety and Risk Issues Tool and Key Events Chart (in-patient mental health and learning disability areas)
- HCR20 (Historical & Clinical Risk) (forensic services and community mental health services)
- Malnutrition Universal Scoring Tool (MUST)
- Waterlow Tool
- Falls Risk Assessment Tool
- Transport Risk Assessment Tool
- Bed Rails Risk Assessment Tool
- HoNOS PbR

7.1.2 Learning Disability Services:

- Learning Disabilities Clinical Risk Assessment Tool
- Specific Task Risk Assessment Tool
- Initial Risk Assessment Checklist
- OT Referring Screening Tool

7.1.3 Psychology Department:

- Brief Risk Screening Tool for Adult Community Services and FERN

7.1.4 Early Intervention Teams:

- Structured Clinical Interview for the Positive and Negative Syndrome Scale (SCI-PANSS)

8.0 MANAGING RISK

8.1 The management of clinical risk is a multi-disciplinary process that should include the service user and/or their carers. It involves making decisions based on knowledge of research evidence, knowledge of the individual service user and their social context, knowledge of the service user's own

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experience, and clinical judgement. All those concerned should collaborate in identifying potential clinical risks and the implementation of an agreed plan to manage risks and make best use of the service user's own strengths to promote recovery. Risk management works best when a service user's strengths are recognised alongside the possible problems that they might encounter and/or present. A consultant psychiatrist should be directly involved in all clinical decision making for service users who may pose a risk to children (NPSA / 2009 RRR003 May 2009)

- 8.2 Risk will be considered as a key aspect of the holistic assessment of the individual, and account will be taken of any Advance Decision issues and/or personal safety plans.
- 8.3 The assessment may result in a decision to develop a plan of care that includes elements of therapeutic risk taking. These plans must be considered carefully and be agreed by the MDT, and have the potential for therapeutic gain. The plan must be clearly recorded and include evidence of the considerations that have supported decision-making.
- 8.3 Assessing and managing risks are key processes within the Care Programme Approach framework (Policy CLP30). This includes the management of the handover process and the discontinuation of care between professionals.
- 8.5 The clinical workloads of professionals will be monitored by Ward Managers and Team Leaders, with issues of concern being highlighted and actioned through individual staff supervision (Trust Policy CP26 Policy for the Supervision of Staff).

9.0 POSITIVE RISK TAKING

- 9.1 Decisions about risk management are made with the aim of improving the service user's quality of life and plans for recovery. However, the clinician must remain aware of the safety needs of the service user, their carer and the public. Positive risk management means being aware that risk can never be completely eliminated, and being aware that management plans inevitably have to include decisions that carry some risk. This should be explicit in the decision making process and should be discussed openly with the service user and/or their carer and documented accordingly.
- 9.2 Positive risk management is viewed as an essential part of a carefully constructed plan that is developed through a collaborative approach. Positive risk management 'means being aware that risk can never be completely eliminated, and aware that management plans inevitably have to include decisions that carry some risk' (DH 2007: 8-10).
- 9.3 This should be explicit in the decision-making process and will include:
 - working with the service-user to identify what is likely to work;
 - considering the views of carers / others when deciding a plan of action;
 - weighing up the potential benefits and harms of possible actions;
 - being willing to take a decision that involves an element of risk where the potential benefits outweigh the risk;
 - communicating the potential risks and benefits, and the rationale for

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decisions to all involved;

- developing plans and actions that support the positive potentials of the service-user whilst minimising the risks.

10.0 REVIEW AND RE-ASSESSMENT

- 10.1 Staff must be aware that any risk assessment process is on-going and not a one-off event.
- 10.2 For in-patient services, the risk assessment must be reviewed as considered necessary by the clinical team, which may be as frequent as daily, with an evaluation of care being undertaken at least once each week, at the service user's care review meeting / ward round. For in-patient services, this will be coordinated by the named nurse. For community mental health / learning disability services, the care coordinator will be responsible for conducting reviews, as set out within the CPA Policy and associated guidelines (CLP30).
- 10.3 In the event of a service user's behaviour or psychiatric condition changing, a timely re-assessment of risk should take place in order to assess whether this requires a change to the service user's clinical risk status.
- 10.4 A re-assessment of risk presented by the service user should take place when further information is available / provided, whether from relatives, care records or other professionals.
- 10.5 When conducting an (re-)assessment of risk, additional information must be promptly sought in clarifying any areas of ambiguity – for example, where information is not specific or clear, or where conflicting information is obtained from different sources.
- 10.6 ***Within in-patient areas, the nurse leading the clinical handover must discuss the following: the service users mental state and symptoms; risk issues and risk status; care plan. This may indicate a need to review the risk assessment, risk status and/or care plan.***

11.0 ENVIRONMENT

- 11.1 The following processes aim to ensure that systems are place to ensure regular reviews of the environment / premises:
- PEAT
 - Health and Safety audit
 - Ligature audit
- 11.2 For potential risk factors regarding the observations of in-patients, refer to the Trust's Engagement and Formal Observation Guideline (CG8).
- 11.3 Relevant factors relating to the service users home circumstances and the ward environment must be considered when assessing risk, with actions taken to minimise associated risks (for further information, refer to Sec. 3.3).

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- 11.4 Potential risk factors must be considered and identified, which will have implications for clinical decision making about the most effective risk management approach, including the location for providing care.

12.0 DOCUMENTATION

- 12.1 Following a comprehensive risk assessment, any clinical decisions in respect of risk management will be detailed within an individual care plan.
- 12.2 It is essential that care plans record the responsible agency and individual who will provide each agreed intervention, in accordance with the CPA Policy (CLP30).
- 12.3 The agreement of the care plan will be clearly identified and documented both in the medical and nursing record. The risk assessment and care plan should clarify and record the following, in accordance with CPA guidelines (CLP30):
- the severity of risk
 - whether the risk is specific or general
 - the immediacy of the risk
 - the intensity / volatility of the risk
 - the specific intervention / treatment and management plan that is likely to best minimise the level of risk

NOTE: It is absolutely imperative that staff at all times clearly document their clinical and medical judgements / decisions in the patient's/service user's care records. This includes re-assessments.

- 12.4 The Key Events Charts (included within the CPA Policy / Guidelines, and within the in-patient documentation) must be completed as a historical and contemporaneous record of key incidents / events involving the service-user, and is considered a valuable reference tool when (re-)assessing risk. This should be completed in accordance with: the service-user's presentation / behaviour; change in their psychiatric condition; and as further information becomes available.

13.0 TRAINING

- 13.1 In order to assess and manage clinical risk effectively, all SEPT staff who work within SEPT Mental Health and Learning Disability Services and are involved in assessing and managing clinical risk will attend an induction programme and undertake specific training in the Assessment and Management of Clinical Risk. The aim of this training is to ensure that staff undertaking an assessment of any service user is trained in the recognition, assessment and management of risk (both suicide and violence). Upon the completion of initial training, it will be a core practice requirement for all clinical staff to participate within an update every three years.
- 13.2 The Assessment and Management of Clinical Risk training programme will include the following:
- principle types of risks
 - indicators of risk

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- high risk periods
- the process of assessing and managing risk
- conducting risk assessment through a collaborative approach, involving different sources of information
- communication between professionals, service-users, agencies, and with the service-user and carer(s)
- the use of approved risk assessment tools and documentation
- positive risk taking
- managing non-compliance
- managing loss of contact
- reference to a series of associated clinical policies, including – Record Keeping, ECT Policy and Procedures, Observation Clinical Guideline, Clinical Guideline on the Prevention of Suicide, Clinical Guideline for the Management of Deliberate Self-harm and Self-Injurious Behaviour, Confidentiality, Mental Health Act (including AWOL), Administration of Medication, Admission / Assessment and Discharge Protocols, including CPA

In addition, the Trust will provide educational programmes on the following:

- Mental Health Act
- Ethical Care & the Prevention and Management of Violence and Aggression

13.3 Staff training needs have been identified as part of a Trust-wide training needs analysis, as summarised below:

CORE PRACTICE	UPDATE INTERVAL	STAFF CATEGORY	DELIVERY METHOD
Clinical Risk (Mental Health)	Three yearly	Mental Health staff Nursing staff, medical staff, social care staff, all occupational therapy staff and allied health professionals	Direct 1 day + team site training

13.4 The Workforce Development and Training Department will report monthly on compliance levels for mandatory training for the Executive Team, Workforce and Business Support Service Board and Health, Safety and Security Committees.

13.5 Monthly GAP reports will be sent to Directors and operational managers by the Information Department identifying which of their staff are up-to-date, when they are approaching update deadlines and those that are out of date. Managers are responsible for ensuring staff take action to undertake training as soon as possible.

13.6 A service manager will be able to check which training has been undertaken by a member of staff through:

- The Training Passport, which will be validated to confirm training has taken place
- Reviewing monthly GAP report

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- Or by requesting the individual's training transcript from the Information Department.
- 13.7 Staff who are booked onto mandatory / core practice training and are, for whatever reason, unable to attend, MUST inform their relevant Director of their reasons.
- 13.8 Staff who do not attend a Mandatory or Core Practice course will receive notification from the Information Department informing them of their non-attendance. Managers will receive a copy of this. Non-attendance will be recorded in the GAP report that managers receive monthly. From this information non-attendees will be automatically re-booked onto another course by the Information Department.
- 13.9 If an individual fails to attend on the second occasion, the service Director will be notified and the conduct procedures will be initiated if appropriate.

14.0 DISCHARGE & TRANSFER

- 14.1 Arrangements for assessing and managing risk under the CPA Policy (CLP30) need to be taken into account from the point of admission through to point of discharge. It is vitally important that appropriate steps are taken when discharging or transferring service users to ensure risk is minimised. For further guidance, refer to CPA Policy and Procedure (CLP30).

15.0 RESPONSIBILITIES

- 15.1 **The Chief Executive has:**
- overall responsibility for ensuring that the principles of this clinical guideline and other associated policies and procedures are implemented across the organisation.
- 15.2 **The Executive Director of Governance & Quality and Executive Nurse will ensure:**
- that this clinical guideline is embedded into clinical practice, and are updated regularly in accordance with the latest recommendations;
 - the identification of training needs and the implementation of educational programmes to meet these needs;
 - that the principles of the Caldicott Guardian are upheld.
- 15.3 **Directors and Senior Managers will:**
- monitor the implementation of this clinical guideline through clinical audit and supervision (CLP26 Policy for the Supervision of Staff).
- 15.4 **The Risk Management Team will:**
- ensure that appropriate systems are in place throughout the organisation to assess clinical risk;
 - ensure that training regarding clinical risk is accessible via the Workforce Development and Training Team, and is delivered.
- 15.5 **Operational Service Management Teams will:**

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- ensure their staff abide by the principles of this clinical guideline
- ensure staff use approved clinical risk assessment tools
- monitor clinical risk issues through the monthly reporting of incidents;
- address clinical risk issues with relevant line managers;
- share lessons learned from the Learning From Experience Group.

15.6 The Learning from Experience Group will:

- disseminate lessons learned as set out within the Adverse Incidents Policy (CP3; CPG3);
- ensure the implementation of national guidance;
- assist in the setting of standards and establishment and review of processes for monitoring and audit.

15.7 Team Managers / Leaders will:

- ensure that all staff, including new employees, are made aware of the procedures and principles detailed within this clinical guideline;
- ensure that clinical risk assessment tools are readily available in all work areas, are completed and used correctly, and are discussed with relevant parties, with all staff being made aware;
- ensure that all staff involved in clinical care are trained to use relevant risk assessment tools.

15.8 The Workforce Development & Training Team will:

- ensure that Clinical Risk Training is provided as outlined in the Trust training needs analysis.

15.9 Individual Staff-members must:

- ensure that the principles contained within this clinical guideline are implemented;
- adhere to SEPT policies and procedural guidelines.

15.10 Clinical Governance Committee will:

- approve all clinical risk tools for use in the organisation

16.0 IMPLEMENTATION AND REVIEW

16.1 This Clinical Guideline and associated appendices can be found on the Trust Intranet Site.

16.2 Any amendments to this clinical guidelines will be submitted to Operational Service Management Teams and the Care Programme Approach (CPA) Steering Group prior to consideration by the Clinical Governance Committee and for approval by the Executive Team and ratification by the Trust Board

16.3 This clinical guideline will be reviewed at least once in each three year period.

16.4 The Executive Director of Clinical Governance & Quality and Executive Nurse is responsible for monitoring the implementation and effectiveness of this clinical guideline.

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16.5 A Trust-wide audit co-ordinated by the Clinical Audit Department will be undertaken a minimum of 3 yearly, which will review the practice and procedure outlined in this policy and the associated procedural guideline. The audit will focus on:

- Use of risk assessment tools
- key responsibilities/duties

The findings will be presented to the Clinical Governance Committee, relevant Service Directors and to the Clinical Audit Group.

16.6 A National Audit on the Management of Violence facilitated by the Clinical Audit Department has been undertaken annually for the past two years. The findings have been presented to the Clinical Governance Committee, Acute Care Forum, Trust Advisory Nursing Group (TANG) and Executive Team. The findings of further participation within national audit programmes will be shared with these forums / groups.

16.7 Locally managed audits facilitated by Team Leaders / Ward Managers will be undertaken annually, reviewing:

- Confidentiality
- Absent without Leave / Missing Patients – this is monitored through serious untoward incidents
- Discharge Protocols
- Assessment and Admission Protocols
- Discharge Protocols

16.8 Monitoring of compliance with training will be undertaken as outlined in section 11.0.

END

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Appendix 1

Criminal Records Check

We need the Appointing Manager to give details of this job so that HR can establish the correct level of CRB check. Please tick ☐ yw.

1) Does this role involve:-

Working with Children

(a child means a person who is not 18)

Yes ☐ No ☐

Working with Vulnerable Adults

(a vulnerable adult is defined as follows:

- *Receiving any form of healthcare*
- *Living in residential accommodation, such as a care home or a residential special school*
- *Living in sheltered housing*
- *Receiving care in own home*
- *Receiving support, assistance or advice to help them live independently*
- *Receiving a service or participating in an activity that is specifically targeted at people with age related needs or a disability.*
- *Receiving direct payments in lieu of social care services*
- *Requires assistance to conduct own affairs.*

☐ Yes ☐ No

2) Would the job holder be in a position where they could develop a relationship of trust with a child or vulnerable adult?

Yes ☐ No ☐

The job must fall into one of the following categories for you to answer YES:-

- *Any form of care for or supervision of children or vulnerable adults (care is not restricted to personal care – feeding, washing, dressing)*
- *Any form of treatment or therapy provided*
- *Any form of assistance, advice or guidance provided wholly or mainly for vulnerable adults*
- *Training, teaching or instruction provided to children or provided wholly or mainly for vulnerable adults.*
- *Driving a vehicle which is being used only for the purpose of conveying children or vulnerable adults and any person caring for a child or vulnerable adult.*

3) Is the job holder's contact with the children or vulnerable adults:-

a) Frequent (once a month or more)

Yes ☐ No ☐

or

b) Intensive (three days or more in any 30 day period)

☐ Yes ☐ No

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Appendix 1

- or
c) *Overnight (between 2am and 6 am)* ☐ ☐

4) If the job holder does NOT meet the categories in question 2 for you to be able to answer YES, are they in question 2 for you to be able to answer YES, are they in a support role (catering, cleaning, admin, maintenance or contract worker) in one of these places?

Children's hospital

Yes

☐

No

☐

Adult care home

Yes

☐

No

☐

5) If the answer to question 4 is YES, does the job holder have direct contact with a child or vulnerable adult that meets the following criteria?

a) **Frequent** (*once a month or more*)

☐

Yes

☐

No

or

b) **Intensive** (*three days or more in any 30 day period*)

Yes

☐

No

☐

6) Does this job holder manage services provided to children or vulnerable adults? eg nurse team manager

Yes

☐

No

☐

7) Does this role involve:-

Working in a support service function

Yes

☐

No

☐

(e.g. HR, Finance, Information, IT, Performance, Compliance, Clerical)

HR Assessment – to be completed by HR

Yes to Questions 1, 2 and 3

Enhanced Disclosure ☐

Yes to Question 4 and 5

Enhanced Disclosure

☐

Yes to Question 6

Enhanced Disclosure

☐

Yes to Question 7

Standard Disclosure

☐

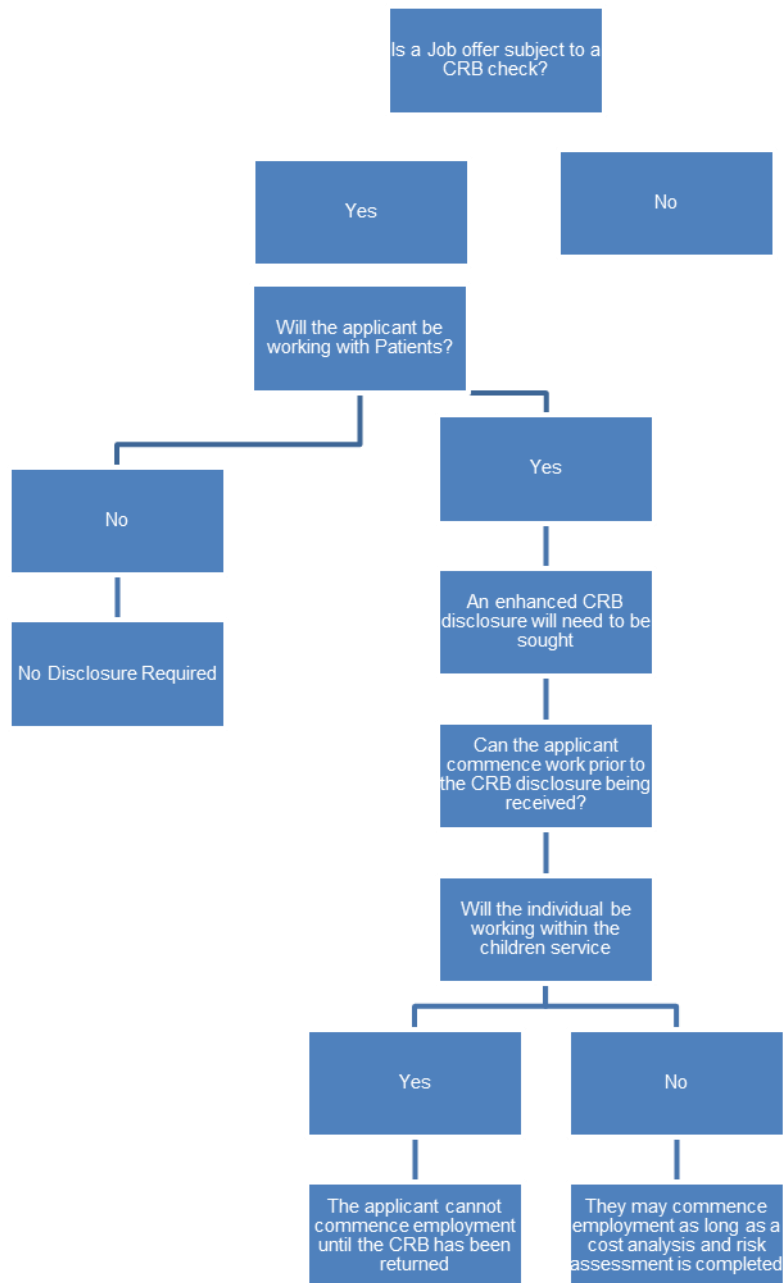
(may be required but discuss with the Recruitment Manager before proceeding)

Assessors Name

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Appendix 2

CRB Disclosure Requirement Flow Diagram



MODEL DECLARATION FORM A

EMPLOYER NOTES

This model declaration form is for use **only** in connection with positions that are exempted from the *Rehabilitation of Offenders Act 1974* and for which an enhanced or standard disclosure may therefore be sought under the provisions of the *Police Act 1997*. Use of this model declaration form is mandatory for all NHS employers where the position meets the criteria for a criminal record check and should be seen as complementing existing good recruitment practice. It must not be used to ask questions against positions that are not exempt by the Act; misuse of this form may render employers open to legal challenge.

The model declaration is not a substitute for the full range of pre-appointment checks that are required by law or that are available to employers. It should be remembered that appointing persons on the basis of information that applicants have themselves provided can never be risk free.

Employers must comply with the *Data Protection Act 1998* when processing applications. NHS bodies are expected to provide applicants with separate information [referred to for the purpose of this model declaration form as '*Guidance Notes for Applicants*'] that clearly stipulates local recruitment procedures in relation to information obtained, recorded and handled as part of the overall selection process to ensure that they deliver compliance.

Employers must comply with guidelines issued by NHS Employers *NHS Employment Check Standards: Criminal Record Checks* (June 2010) which is available at www.nhsemployers.org.

CONFIDENTIAL

The position you have applied for has been identified as a regulated or controlled activity within the terms of the Safeguarding Vulnerable Groups Act (2006), and is eligible for a Criminal Records Bureau (CRB) check under the provisions of the Police Act 1997 (Criminal Records) Regulations (as amended).

Before you can be considered for appointment in regulated or controlled activity with **South Essex Partnership University NHS Foundation Trust** we need to be satisfied about your character and suitability.

Please read the following notes carefully before completing this declaration form. If you require further information, please contact **The Recruitment Team**. All enquiries will be treated in strict confidence.

SEPT aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation or age. We undertake not to discriminate unfairly against applicants on the basis of criminal conviction or other information declared.

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Prior to making a final decision concerning your application, we shall discuss with you any information declared by you that we believe may have a bearing on your suitability for the position. If we do not raise this information with you, this is because we do not believe that it should be taken into account. In that event you still remain free, should you wish to, to discuss the matter with the interviewing panel. As part of assessing your application, we will only take into account relevant criminal record and other information declared.

The information that you provide in this Declaration Form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

Please ensure that you read the ‘Guidance Notes for Applicants’ that accompanied your application form carefully before completing this declaration form. They provide you with further and more detailed information about how your application will be processed, the persons to whom it will be disclosed and the checks that will be done to verify the information provided.

Please answer *all* of the following questions. If you answer ‘yes’ to any of the questions, please provide full details in the space indicated. Please also use the space below to provide any other information that may have a bearing on your suitability for the position for which you are applying. You may continue on a separate sheet if necessary, and you may attach supplementary comments should you wish to do so.

The position for which you have applied is exempt from the Rehabilitation of Offenders Act 1974. This means that you must declare all criminal convictions, including those that would otherwise be considered ‘spent’.

Answering ‘yes’ to any of the questions below will not necessarily bar you from an appointment within the NHS. This will depend on the nature of the position for which you are applying and the particular circumstances.

1. Are you currently bound over or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?

NO ☐

YES ☐

If **YES**, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.

Please note: you do not need to tell us about parking offences.

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2. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?

NO ☐

YES ☐

If **YES**, please include details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body.

You are reminded that, if you are appointed, you have a continued responsibility to inform us immediately where you are charged with any new offence, criminal conviction or fitness to practise proceedings in the United Kingdom or in any other country that might arise in the future. You do not need to tell us if you are charged with a parking offence.

3. Are you aware of any current NHS Counter Fraud and Security Management Service investigation following allegations made against you?

NO ☐

YES ☐

If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the NHS CFSMS.

4. Have you been investigated by the Police, NHS CFSMS or any other Investigatory Body resulting in a current conviction or dismissal from your employment?

NO ☐

YES ☐

If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the Investigatory Body.

Investigatory bodies include: Local Authorities, Customs and Excise, Immigration, Passport Agency, Inland Revenue, Department of Trade and Industry, Department of Work and Pensions, Security Agencies, Financial Service Authority. This list is not exhaustive and you must declare any investigation conducted by an Investigatory Body.

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5. Have you ever been dismissed by reason of misconduct from any employment, office or other position previously held by you?

NO ☐

YES ☐

If **YES**, please include details of the employment, office or position held, the date that you were dismissed and the nature of allegations of misconduct made against you.

6. Have you ever been disqualified from the practice of a profession, or required to practice subject to specified limitations following fitness to practice proceedings, by a regulatory or licensing body in the United Kingdom or in any other country?

NO ☐

YES ☐

If **YES**, please include details of the nature of the disqualification, limitation or restriction, the date, and the name and address of the licensing or regulatory body concerned.

7. Are you currently the subject of any investigation or fitness to practice proceedings by any licensing or regulatory body in the United Kingdom or in any other country?

NO ☐

YES ☐

If **YES**, please include details of the reason given for the investigation and/or proceedings undertaken, the date, details of any limitation or restriction to which you are currently subject, and the name and address of the licensing or regulatory body concerned.

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8. Are you subject to any other prohibition, limitation, or restriction that means we are unable to consider you for the position for which you are applying?

NO ☐

YES ☐

If **YES**, please include details.

9. Do you know of any other matters in your background which might cause your reliability or suitability for employment to be called into question?

NO ☐

YES ☐

If **YES**, please include details.

If you have answered 'yes' to any of the questions above, please use this space to provide details. Please **indicate clearly the number(s) of the question** that you are answering.

[You may continue on a separate sheet if necessary and may attach supplementary comments should you wish to do so]

DECLARATION

Important: The Data Protection Act 1998 requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information. The Data Protection Act 1998 defines 'sensitive personal data' as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, criminal offences, criminal convictions, criminal proceedings, disposal or sentence; and (from 12 October 2010) will include any barring decisions made against the Children's or Vulnerable Adults Lists by the Independent Safeguarding Authority under the terms of the Safeguarding Vulnerable Adults Act (2006).

The information that you provide in this Declaration Form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

Once a decision has been made concerning your appointment, **[organisation]** will not retain this declaration form any longer than necessary [see further details in 'Guidance Notes for Applicants']. This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the trust who are authorised to view it as a necessary part of their work.

In signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above.

I have read the 'Guidance Notes for Applicants' that accompanied my application form, and I consent to the information provided in this declaration form being used by South Essex Partnership University NHS Foundation Trust for the purpose of assessing my application, and for enquiries in relation to the prevention and detection of fraud.

I confirm that the information that I have provided in this declaration form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my application being rejected, or if I am appointed, in my dismissal, and I may be liable to prosecution.

Please sign and date this form.

SIGNATURE.....

NAME (in block capitals)

DATE.....

If you wish to withdraw your consent at any time after completing this declaration form or you have any enquiries relating to information required in this form, please contact The Recruitment Team. All enquiries will be treated in strict confidence.

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MEMO

To:			
From:		Tel:	
Subject:			
Date:		file ref :	
cc:			

Dear,

«Full name» -

I can confirm that the above mentioned will not be working unsupervised with any vulnerable clients until satisfactory CRB Clearance has been received.

Kind Regards,

www.SEPT.nhs.uk



South Essex Partnership University
NHS Foundation Trust

