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NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST

CLINICAL RISK MANAGEMENT PROTOCOL

1 INTRODUCTION

1.1 North Essex Partnership NHS Foundation Trust is committed and has an obligation to provide effective and safe health and social care services for people living with mental health problems. The safety and continued well-being of all service users, their relatives and carers, members of Trust staff and the general public is the highest priority for everybody working for the Trust. This Clinical Risk Management Protocol provides guidance and identifies Trust-recognised risk assessment tools. All assessment tools have been ratified for use throughout the Trust.

1.2 This Protocol is based upon best practice in managing risk and is regularly reviewed in light of national guidance and research.

1.3 This Protocol has been developed to support the Trust and individual practitioners in providing a comprehensive and systematic process for assessing and managing clinical risk.

1.4 This Protocol provides a framework and guidance for professional practice, with the expressed aim of managing and minimising risk whilst providing care and treatment that is safe, sound, supportive, positive, service user centred and socially responsible.

2 SCOPE OF PROTOCOL

2.1 This Protocol applies to all Trust employees and to those on secondment to the Trust including all professional trainees and locums. It should be used in conjunction with the associated Trust policies, procedures and protocols, covering aspects of CPA and risk management.

2.2 This Protocol should be applied to all service users, irrespective of age. The Protocol acknowledges and approves the use of validated tools for age-specific and specialist services.

2.3 All staff involved in risks management must be capable of demonstrating sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation.

3 DEFINITION OF CLINICAL RISK, RISK ASSESSMENT, RISK MANAGEMENT AND CONTINGENCY PLANNING

3.1 **Clinical Risk** is the likelihood or probability of an adverse and / or harmful outcome to an episode of mental illness or distress, or to a particular behaviour associated with that illness or distress.

3.2 **Risk Assessment** is the process of gathering information about a service user's mental state, behaviour, intentions, personal psychiatric history, including any history of physical, sexual or emotional abuse, and social situation, and forming a judgement about the likelihood or probability of an adverse and / or harmful outcome based upon that information.

3.3 **Risk Management** is the process of weighing the risk of an adverse and / or harmful outcome to any given situation or course of action against the possible therapeutic and social benefits that may accrue from it, and

consequently planning and sanctioning activity or providing safeguards with the aim of minimising the risk and maximising the benefits.

3.4 **Contingency Planning** is the process of considering what might go wrong and pre-planning strategies to minimise adverse and / or harmful outcomes.

4 CLINICAL RISK MANAGEMENT PHILOSOPHY: POSITIVE RISK MANAGEMENT AS PART OF BEST PRACTICE

4.1 The Trust is committed to a philosophy of care that values each individual service user and seeks to maximise his or her well-being and potential for self-fulfilment. This can only be realised if service users are enabled and encouraged to take an active role in the ordering of their own lives. Trust practitioners must encourage independence, self-reliance and competence in all service users while avoiding a punitive approach. Risks should be balanced against potential benefits using professional judgement and experience within the framework for practice set by the Trust and by their professional bodies.

4.2 This Protocol applies to all service users and their relatives and carers. This Protocol also applies to service users with learning disabilities being treated for an episode of mental illness.

4.3 Caring for and treating someone living with mental health problems effectively and safely is not an exact science. Consequently, there is likely to remain some risk.

4.4 This means that some therapeutic risk-taking may be necessary and unavoidable if individual service users are to progress. Methodical assessment and active management of risks are key steps towards minimising harm and maximising benefit.

4.5 Properly-managed risk-taking based on sound risk assessment can enhance autonomy, empowerment, choice, participation and social inclusion for service users and their relatives and carers, whilst combating stigma. Thus, it is vital that all those caring for and treating people living with mental health problems:

- Identify and understand the risks for and from each individual;
- Evaluate and manage those risks within an agreed framework to the highest professional standards;
- Plan for contingencies and share that plan with service user, carers and all relevant colleagues;
- Clear and concise documentation relating to risks and shared appropriately.

5 THE TRUST'S EXPECTATIONS AND OBLIGATIONS: ACCOUNTABILITY FOR MANAGING RISK

5.1 Responsibility for managing clinical risk is one that is shared between the organisation, individual practitioners, service users and carers. To assist in this process the Trust will:

- Provide an agreed procedural framework for staff to work within;
- Provide training in the assessment and management of risk;
- Provide training in the use of systems and techniques that support risk assessment and management;
- Provide safe environments from which services will be delivered;

- Develop the necessary agreed flexible strategies and protocols to govern practice;
- Support staff in the assessment, management and minimisation of risk;
- Apply and ensure adherence to relevant legislation and national guidance.

5.2 In recognition of this shared responsibility, the Trust expects its staff in their dealings with service users, their relatives and carers and with the public to:

- Understand the concepts of risk and risk management in clinical practice, and the Trust's philosophy of care;
- Have a methodical and evidence-based approach to the assessment and management of risk, using agreed tools and methodologies only, following a structured clinical judgement approach;
- Understand risk as including environmental, psychological and physical aspects;
- Identify, assess, positively manage and, where possible, minimise risk for all, whilst undertaking assessment. Initial risk assessment to be drawn up within 24 hours. Minimum review period is 6 months, however, risk assessment is a dynamic process and should be under continuous review;
- Trust's guidance on capacity and consent for all service users, irrespective of age;
- If the person's capacity is in question, then undertake an assessment in line with Assessment of Mental Capacity Policy;
- Weigh the risk of harm to the service user or to others against the potential benefits in relation to service user empowerment and act accordingly;
- Take no action that contributes to or increases risk;
- Plan for contingencies as required by the CPA process;
- Record information about risk and share that information with all who may need it. A risk management plan is only as good as the time and effort put in to communicating its findings to others;
- Adhere strictly to the guidance and direction given in this Protocol;
- Extend their vision of risk to include:

  - The service user
  - The service user's family, friends and carers
  - The public
  - Children
  - Trust staff colleagues
  - Workers in other agencies

5.3 Risk management must always be based on awareness of the capacity for the service user's risk level to change over time and a recognition that each service user requires a consistent and individualised approach.

6 CLINICAL RISK MANAGEMENT AND THE CARE PROGRAMME APPROACH (CPA)

6.1 The CPA is the approach used in mental health care to assess, plan, review and co-ordinate the range of treatment, care and support needs for people in contact with secondary mental health services.

6.2 The key principles involved in CPA are:

- An assessment of the service user's health and social care needs;
- A care plan devised and agreed with the service user and carer;

- To ensure the care plan is put into action by sharing responsibility with all those involved, including the service user;
- Regular reviews to look at whether the care plan is meeting the service user's needs and to agree any changes.

6.3   Clinical risk assessment and management is part of the CPA process. (Please note section/paragraph 2.4 in this document.) This involves identifying specific interventions based on an individual's support needs, taking into account safety and risk issues.

6.4   A **CPA care plan** is drawn up to meet the service user's needs. This forms the recorded management plan and should include the following:

- A summary of all risks identified;
- Identify and document any unmet needs;
- A contingency plan detailing the arrangements to be used in situations where the normal care cannot be delivered or an unforeseen event occurs, for example, the main carer becomes ill or unavailable at short notice;
- A crisis plan setting out the action to be taken if the service user becomes ill or their mental health is deteriorating rapidly (this is based on risk assessments and on previous experience of what works for the individual service user);
- Any early warning signs, relapse indicators, triggers and key events;
- Other risk indicators to be taken into account in a crisis;
- The nature of response to a crisis.

6.5   Under the umbrella of the overall CPA care plan, **specialist care plans** detail how all the risks identified should be managed, including the actions to be taken by practitioners and the service user.

7   CLINICAL RISK ASSESSMENT

7.1   The purpose of undertaking a risk assessment using a risk assessment tool in conjunction with professional judgment is to identify risk factors and immediacy of risk, and to create a risk management plan that will guide care and treatment as part of the CPA process.

7.2   Individual practitioners must always use their professional judgement about individual service users' needs to decide finally whether, when and how clinical risk should be assessed. However, as general guidance, the Trust's view is that clinical risk must be assessed in situations where:

- A service user comes into the service for the first time in any treatment episode;
- A service user's mental or physical state changes (deteriorates) significantly;
- A service user's social situation changes (deteriorates) significantly including homelessness or change of accommodation, unemployment, change of support network, divorce or breakdown of established relationships and periods of significant contact with other agencies such as police, courts and housing agencies;
- Pre-determined indicators of relapse or risk (identified in previous risk assessments) are apparent;
- A service user looses contact with the service in an unplanned way;
- The care and / or treatment offered to a service user changes significantly, including at discharge from in-patient care.

7.3   Risk assessment must also be reviewed when the practitioner delivering the majority of the care changes.

7.4   In addition to assessment of risk in response to the events detailed above clinical risk must be reassessed/reviewed routinely (but at intervals not greater than 6 months). This process should be synchronised with the CPA review process.

7.5   If a service user is admitted to an in-patient facility for assessment / treatment, the frequency of review should increase proportionately with the risks presented with that treatment episode. This review should involve the Multi-Disciplinary Team (MDT) and any other specialist or professional input as appropriate.

7.6   It is also important that risk assessments acknowledge the reduction of risk when this occurs and the factors which have helped the service user in reducing their risk. This will serve as useful information in the formulation of future risk management plans.

8   SAFEGUARDING CHILDREN

8.1.1   It is the responsibility of all professionals working in mental health to consider the impact of parental / carer mental illness on children (Working Together, 1999; Every Child Matters, 2003).

8.1.2   Any query relating to safeguarding children should be referred to the Consultant: Safeguarding Children and Vulnerable Adults – contact details on i-connect.

8.2.1   Where it is assessed or identified that a child may be at risk of significant harm, for whatever reason, professionals should follow the procedures and guidance outlined in the NEPFT Safeguarding Children Folder and ensure that the effective communication of potential risks occurs – to colleagues within other agencies e.g. to Social Care Child Protection and/or where appropriate Police Child Protection Unit. The Consultant: Safeguarding Children and Vulnerable Adults should be informed of all referrals and investigations of the abuse of children.

8.2.2   You can access contact details and further information regarding Safeguarding Children and Vulnerable Adults on i-connect.

9   VULNERABLE ADULTS:

9.1   It is the responsibility of all professionals working in mental health to consider the possibility that a vulnerable adult may be the victim or the alleged perpetrator of abuse (No Secrets, 2000). All service users aged 18 and over of NEPFT are defined as potential vulnerable adults.

9.2   Where it is assessed or identified that a vulnerable adult may be at risk of significant harm, for whatever reason, professionals should follow the procedures outlined in the SET (Southend, Essex and Thurrock) Safeguarding Adults Procedures booklets. Professionals must ensure that the effective communication and investigation of potential risk occurs and where appropriate colleagues within other agencies eg Police Safeguarding Adults Officers or CSCI are informed. The Consultant: Safeguarding Children & Vulnerable Adults should be informed of all referrals and investigations of the abuse of vulnerable adults.

9.3   Any query relating to the protection of vulnerable adults from abuse should be referred to the Consultant: Safeguarding Vulnerable Adults – contact details on i-connect.

9.4   Assessments of capacity to consent to a Vulnerable Adults referral should be undertaken where there are doubts about a service user's capacity to consent to their confidentiality being breached, however, if others are at risk, then a referral *must* proceed in the interests of others. The NEPFT's Assessment of Mental Capacity Policy should be referred to in such situations.

10   RISK ASSESSMENT TOOLS

10.1   The Trust's minimum requirement for risk assessment is the completion of the screening tool and recording on the Risk Assessment Module on CareBase for all service users.

10.2   Practitioners with responsibility for risk assessment *must* use one of the recognised and agreed, validated risk assessment tools contained in the Handbook.

10.3   Staff can then supplement their risk assessment with one of the following specialist tools prior to the completion of the CPA assessment:

- Sainsbury Centre for Mental Health Tool for Clinical Risk Assessment
- Beck Scales/Inventories – Hopelessness Scale, Depression Inventory, Suicide Ideation Scale, Suicide Intent Scale
- Edinburgh Post Natal Depression Scale
- Worthing Weighted Risk Indicator
- Assessment Tools for Risk of Violence – HCR20 and Hare's Psychopathy Checklists
- Short CANE (Camberwell Assessment of Need for the Elderly)
- Pressure Ulcers/Sores – Waterlow Pressure Sore Risk Assessment,
- Assessment of Manual Handling Needs
- Driving
- Transport Risk Assessment Checklist for Staff Using Private Cars to Transport Clients
- Structured Assessment of Violence Risk in Youth (SAVRY)
- Drug Use Screening Tool (DUST)
- Mother and Baby Assessment (from Mother and Baby Facilities Operational Policy)
- Falls Risk Assessment Screening Tool (from Prevention and Management of Falls Policy)

10.4   Use of other specialist tools not included in the Handbook is prohibited, unless the tool has been approved by the Trust's Risk Management department.

10.5   If a team/individual wishes to use a new tool not currently recognised by the Trust, this should be submitted to the Clinical Risk Manager. The Clinical Risk Manager will consult and, if appropriate, seek approval from the Risk and Governance Executive.

10.6   The list of approved tools will remain updated on the Trust's intranet site.

11 MANDATORY RECORD-KEEPING

11.1 The Trust's primary recording instrument is the electronic health record CareBase; which is accessible at all Trust sites via the Trust's network to those authorised professional staff, who must access and use the system to record service user details and all clinical activity. The use of the electronic health record was mandated by the Trust's Chief Executive in 2004.

11.2 To ensure we minimise risk to service users, Trust staff and the public, all clinical risk assessments and risk management plans for a service user must be recorded in full detail on the electronic system; providing 24 hour electronic access to the information for other Trust professional staff who may need access to the service user's risk assessment; this is particularly pertinent to out of regular working hours, weekends and crisis teams.

- The risk assessment module for each service user record within the electronic health record CareBase is located on the service user's Master Patient Index (MPI) care summary screen.
- Each component of the risk assessment i.e. violence, neglect etc; has its own individual screen for professionals to complete and once completed to "sign off" with date and time, providing accurate record of date and author of the entry and to prevent alteration or deletion in the future, preventing any confusion of when or who by the data was entered, or deletion of the details.
- Each risk component has supporting guidance notes visible on screen to facilitate professionals in completing the risk assessment in accordance with CPA and risk management policies and processes.
- Once the risk assessment and plan is completed it should be printed out from the electronic system and stored within the service user's written health and social care records.

12 MANAGING DIFFICULT RISK

12.1 It is inevitable that assessment of clinical risk in people with mental illness or distress will sometimes uncover a level of risk that may be outside the capacity of the assessing practitioner and / or their colleagues to manage, eg an identified unmet need or gap in service provision.

12.2 In managing difficult risk, it is the assessing practitioner's responsibility to:

- Inform his / her line manager as soon as possible;
- Take reasonable steps to minimise any risk to him / herself, or members of the public where this may be the case;
- Seek assistance and / or guidance from practitioner colleagues;
- Identify other agencies and individuals that may be able to manage and minimise the risk posed and inform them of the risk as a matter of urgency;
- Identify other agencies and individuals that may themselves be at risk from the service user in question and inform them as a matter of urgency;
- Ensure that the action taken is documented electronically and appropriately, shared with individuals and relevant agencies, in accordance with local agreements and practice guidance.

12.3 It is imperative when a difficult-to-manage risk is identified that consideration be given to holding a professionals meeting. This may take the form of a Multi-Agency Public Protection Arrangement process (MAPPA) or child protection meeting.

12.4   The practitioner's line manager must:

- Inform the Associate Director for the area or service concerned where the risk identified and the action taken;
- Identify and attempt to resolve any equipment, skills, or staffing deficits that exacerbate the risk;
- Mobilise the resources of the Trust and other agencies and individuals to manage and minimise the risk if possible. This may include authorising emergency treatment outside the Trust, authorizing the temporary employment of extra staff and / or involving the police or other emergency services.

13   CONFIDENTIALITY AND SHARING PROTOCOLS

13.1   The Trust's service users have the right to expect that information they disclose to Trust professionals will be kept confidential and not shared inappropriately. Service user information is recorded primarily for the benefit of the individual. The Trust has a leaflet available for service users and staff called "Your health records. How we look after them and who can see them"; this can be located on the Trust's I-connect site and is also available in hard copy from the Trust's Customer Care team based at Trust Headquarters.

13.2   However, it may be necessary to disclose information, if it is deemed to be in the best interest of the service user, or in the interest of public safety or in regard to vulnerable adults and child protection issues. Trust staff have a responsibility to make themselves familiar with the following Trust documents which can all be located on the Trust's I-connect site and these will support staff in making the right decision when to disclose and when not to disclose service user information:

- Access to Health and Social Care Records Policy and Procedures
- The Unified Written Health and Social Care Record Policy
- Confidentiality and Information Sharing Protocol
- Information Sharing Protocol/Memorandum of Understanding agreed between Police, Probation Service, Social Services and Mental Health Trusts in Essex (MAPPA).

13.3   The safety of the public must always be considered, with particular reference to requests for information about a person who may be implicated in a serious criminal offence or about to commit an offence. For advice on requests, please do not hesitate to contact the Risk Management department.

14   MANDATORY TRAINING

14.1   CPA/Clinical Risk Training

14.1.1   **All** staff involved in risk management **must** undertake CPA/Clinical Risk training and should be updated at least every three years.

14.1.2   Specific briefing and training is provided through the CPA/Risk Management training to enable staff to undertake risk screening.

14.1.3   In all cases, practitioners should have an understanding of the validity of the tools for their service user group prior to utilising any tool.

14.1.4   Some specialist tools are specific to service user groups and specialist services who provide the required skills training. Some of these require specific training and qualification.

14.1.5 Details of the mandatory CPA/Risk Training courses are available on the CPA page on i-connect.

14.2 **Safeguarding Children and Vulnerable Adults Training**

14.2.1 It is mandatory for all clinicians / practitioners working with service users to undertake a course on Safeguarding Children and Vulnerable Adults.

14.2.2 NEPFT provides training on both the Safeguarding of Children and Vulnerable Adults, through a variety of courses, further details are available on i-connect.

15 REVIEW AND AUDIT

15.1 The Trust will regularly review this Protocol:

- In the light of changed research findings and evidence;
- In response to audit findings and reports;
- In light of practical experience including any major untoward incidents involving the assessment and management of clinical risk;
- Publication of new and relevant documentation/guidance.

15.2 This Clinical Risk Assessment and Management Process is audited as part of the wider CPA and Health and Social Care Records audit.

15.3 Review of the implementation, working and revision of this Protocol will rest with the Trust's Risk and Governance Executive.

15.4.1 New risk assessment tools must be formally recognised and ratified in the Trust **prior** to their implementation.

15.4.2 Individuals should submit their potential new risk assessment tool to their Team Manager who will send it for consideration to the Risk Management department.

15.4.3 The Risk Management department will determine the level of consultation required and the tool must be approved by the Risk and Governance Executive.

16 THIS PROTOCOL SHOULD BE READ IN CONJUNCTION WITH THE FOLLOWING TRUST DOCUMENTS

Confidentiality and Information Sharing Protocol

Policy for Consent to Examination or Treatment

Appointments Policy Incorporating the Non-Attendance Procedure

Care Programme Approach (CPA) Policy

Operational Policy for the Mental Health Care Record and Information System (CareBase)

Guidelines for the Use of an Integrated Mental Health Information System (CareBase)

Tissue Viability Procedure and Tissue Viability Practice Guidelines

Physical Health Care Policy

Manual Handling Policy and Procedure

Zero Tolerance – Prevention and Management of Violence and Aggression at Work, Policy, Procedure and Guidelines

CRHT Operational Policy

Assertive Outreach Services Operational Policy

The Use of Medicines Policy and Procedures Handbook

The Co-existence of Mental Health Needs and Substance Misuse (Dual Diagnosis) Care Pathway Liaison and Referral Protocol

Patient Safety Environmental Standards

MAPPA Agreement

Incident Reporting Policy and Procedures

In-Patient Observation Policy

Searching of Patients and Their Property Protocol (Including Visitors Property)

Access to Health and Social Care Records Policy and Procedures

The Unified Written Health and Social Care Record Policy

In-Patient Leave Procedure and Policy

Assessment of Mental Capacity Policy

Clinical Risk Assessment Tools Handbook

NEPFT Safeguarding Children Folder

NEPFT Vulnerable Adults Folder

Your health records. How we look after them and who can see them

17   REFERENCES

Best Practice and Managing Risk – Principles and evidence for best practice in the assessment and management of risk to self and others in mental health services. Document prepared for the National Mental Health Risk Management Programme. Department of Health June 2007. Forward by Louis Appleby.

The National Service Frameworks for Mental Health and Older People, the NHS Plan and the report of the Confidential Inquiry into Suicides and Homicides by People with Mental Illness (Safety First, 2000)

NHS Code of Practice – Confidentiality

Refocusing the Care Programme Approach – Policy and Positive Practice Guidance. DH. March 2008.

Working Together, 1999

Every Child Matters, 2003

No Secrets 2000

SET (Southend, Essex and Thurrock) Safeguarding Adults Procedures Booklets

Independence, Choice and Risk: A guide to best practice in supported decision making. DH. 21 May 2007.

NHS Confederation Briefing: Implementing National Policy on Violence and Abuse. 2008.