

## CLINICAL RISK ASSESSMENT AND SAFETY, MANAGEMENT POLICY

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<b>CLINICAL GUIDELINE SUMMARY</b>	
<p>The principles contained within this policy and the associated documents will ensure that all clinical staff, who work within Essex Partnership University NHS Trust (EPUT) Mental Health and Learning Disability Services or Nursing Homes and are involved in assessing and managing clinical risk, have current information available to them to systematically assess patients, with patient safety in mind.</p> <p>The therapeutic relationship between the patient and/or relative / carer, and the professional is considered a fundamental element to effectively assessing and managing clinical risk. It is considered that staff, patients, relatives and/or carers will work in collaboration to ensure a thorough assessment of the person, which will include a consideration of risk factors.</p> <p>To ensure recognised national terminology is used throughout this document the “patient” is used to refer a patient, resident, client or service user.</p>	
<b>The Trust monitors the implementation of and compliance with this clinical guideline in the following ways;</b>	
Monitoring of implementation and compliance with this policy and associated procedural guideline will be undertaken by the Trust Safeguarding Group and the Mental Health and Safeguarding Committee.	

Services	Applicable	Comments
Trustwide		
MH&LD	✓	
CHS		

**The Director responsible for monitoring and reviewing this Policy is the  
Executive Director of Nursing**

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**Clinical Risk Assessment, Management and Safety Policy**

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**Clinical Risk Assessment, Management and Safety Policy**

**1.0 INTRODUCTION**

- 1.1 Risk is viewed by the Trust as being dynamic and multi-dimensional, where the process of managing risk is not just focused on eliminating risk, but on realising potential benefits while reducing the likelihood of harms occurring as a result of taking risks, which fits well with a recovery approach to mental health.
- 1.2 This clinical policy promotes the safety of patients, carers and the public in relation to a range of clinical risks to self and others (including, self-harm, suicide, neglect, vulnerability and violence) whilst maximising the patients independence, social inclusion, and recovery.
- 1.3 The policy and associated guidelines identifies key principles for assessing and managing clinical risk with patients: promoting open and honest communication between all patients and staff; treating each patient as an individual, promoting choice, collaborative risk assessment and safety management and positive risk taking.
- 1.4 For patients subject to CPA the Trust's Care Programme Approach (CPA) and Non CPA Policy and Handbook 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.
- 1.5 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.
- 1.6 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 and Non CPA Policy (CLP30). The development of the therapeutic relationship is considered the most valuable tool in reaching decisions regarding care and treatment.
- 1.7 This clinical policy considers recommendations made following The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCIS) Making Mental Health Care Safer (Annual Report and 20-year Review, October 2016) and lessons learned from various independent inquiries and

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various organisational and national reports from the National Patient Safety Agency (NPSA).

- 1.8 Forming an open and transparent therapeutic relationship with the patient and carer is critical to the process of developing a meaningful, collaborative risk assessment and risk safety plan. Professional skills and clinical judgement are key to the success of this collaboration and require professionals to critically consider each patient's individual circumstances and to develop interventions that are directly tailored to the individual.
- 1.9 Provides consistency with the government Department of Health (March 09) guidance for assessing and managing risk in mental health services which provides a benchmark for daily practice. The guidance balances care needs against risk needs and emphasises:
  - positive risk management
  - collaboration with the patient and others involved in care
  - the importance of recognising and building on the patient's strengths
  - the organisation's role in risk management alongside the individual practitioner's (Dept. of Health March 2009).

### 2.0 SCOPE

- 2.1 Is for all Trust and social care seconded staff, whether permanent or temporary, who are working with patients in EPUT Mental Health and Learning Disability Services, including Nursing Homes.
- 2.2. This policy should be used in conjunction with the associated Trust policies, procedures and protocols, covering aspects of care pathways and risk/safety management including CPA and non CPA care.
- 2.3 This policy and associated procedure endorses that working in partnership with patients, carers, families and colleagues to provide care and interventions that not only make a positive difference, but also do so in ways that respect and value diversity including age, race, culture, disability, gender, spirituality and sexuality.

### 3.0 RESPONSIBILITIES – DUTIES

- 3.1 ***Accountability for managing risk:*** Responsibility for managing clinical risk is one that is shared between the organisation, individual practitioners, patients and carers
- 3.2 **The Trust Board** is responsible for:
  - Ensuring that the principles of this policy and procedure and other associated policies are implemented across the organisation;
  - Ensuring necessary financial resources.

**3.3 The Executive Director of Nursing will ensure:**

- That this policy and procedure is embedded into clinical practice;
- The regular review and updating of this policy and procedure and in accordance with national guidance;
- The identification and implementation of training to meet educational needs arising from any relevant audits, reviews, reports and lessons learnt.

**3.4 Directors and Senior Management will:**

- Monitor the implementation of this policy and procedure via regular clinical audit and supervision, in accordance with the Trust's Policy on the Supervision of Staff.
- Co-ordinate the management of clinical risk within the Trust and identify risks in a clinical context. This includes designing and implementing steps to investigate those risks.
- Reports to the appropriate **Committee/Quality group** for decision making.
- Have a structured, robust approach to incident investigation which looks beyond immediate actions and assumed causes and identifies the contributory factors, latent conditions and root causes which lead to an incident occurring.
- Monitor risk issues such as ligature risks including clinical risk issues
- Address clinical risk issues with relevant line managers
- Ensure the implementation of national guidance
- Assist in the setting of standards and create mechanisms for monitoring and audit.

**3.5 Managers /Team Leaders/ Matrons/ Sisters and other Persons in Charge will:**

- Ensure the procedures and principles detailed within this policy are followed, to meet with all relevant guidance.

**3.6 Individual:**

- Must ensure that the principles contained within this policy and associated procedures are followed.
- Must adhere to Trust policy and procedures.

3.6 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 the Royal College of Psychiatrists, the Nursing and Midwifery Council and the Health Professional Council for Allied staff.

**Practice Standards** – all staff will:

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- a) Receive a local induction 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; security training for secure services.
- b) Have clear lines of responsibility for the administrative maintenance of clinical records, including the filing of reports and records of treatment CP9 Record Management Policy.
- c) Have access to Trust's electronic systems. 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 (CPA and Non CPA Policy); within Bedfordshire, systems will be in place to ensure that out of hours contact is documented as soon as is practicable.
- d) Have a clear understanding of the interface between health and social care. It is essential that care plans, support plans and risk management safety plans record the responsible agency and individual.

<b>4.0 Key Legal and Governance Frameworks Underpinning Approaches to Risk:</b>
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### 4.1 ***Duty of care***

Organisations must maintain an appropriate standard of care in their work and not be negligent. Individuals who have mental capacity to make a decision, and choose voluntarily to live within a level of risk, are entitled to do so. In this case the law considers the person to have consented to the risk and there is thus no breach of duty of care and the organisation or individual cannot be considered negligent.

### 4.2 ***Human rights***

All public authorities and bodies have a duty not to act incompatibly with the European Convention of Human Rights. A balance needs to be struck between risk and the preservation of rights, especially when the person has capacity.

### 4.3 ***Health and safety***

There is a legal duty on all employers to ensure, as far as reasonably practicable, the health, safety and welfare of their employees as well as the health and safety of those who use services. Health and Safety legislation should not block reasonable activity.

### 4.4 ***Mental capacity***

This is concerned with a person's ability to make decisions for themselves and the principle enshrined in the Mental Capacity Act, 2005 is that they must be assumed to have capacity unless it is established that they do not. People with capacity may make unwise decisions. For those who lack capacity, decisions made on their behalf must be made in their best interests and with the least restriction.

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### **4.5 *Fluctuating mental states and dementia***

The choices and wishes of people with fluctuating mental states and dementia must be respected and their risk agreements monitored and reviewed regularly. In these circumstances it is important to engage with families and carers.

### **4.6 *Safeguarding***

For people who are considered to be vulnerable there is a need to consider the factors of empowerment and safety, choice and risk. Practitioners need to consider when the need for protection overrides decisions to promote choice and empowerment (DH 2007b).

## **5.0 MONITORING**

- 5.1 Ward sisters/managers/team leads will review their team care plans monthly with staff in supervision
- 5.2. Yearly audits are done once a year by peer to peer (ward sisters/managers/team leads auditing each other's) which is co-ordinated by the audit team.
- 5.3 In addition an annual audit will be undertaken of a random sample of clinical records from each service. The number of records for each service is agreed based on reported incidents and Serious Incidents Requiring Investigation.
- 5.4 This clinical policy will be reviewed at least once every three years.
- 5.5 Any amendments to this clinical policy will be submitted to the Clinical Governance & Quality Committee for approval.
- 5.6 It is the responsibility of each ward sister/nursing home manager/team leader to monitor and to maintain competency of records. Through supervision, ward sisters/nursing home managers/ team leaders must review staff in relation to their clinical practice in relation to clinical risk.
- 5.7 Monitoring of compliance with training will be undertaken by Workforce Development department.

## **6.0 ASSOCIATED DOCUMENTS**

- 6.1 This policy and associated procedure is consistent with the following **professional and government bodies' guidance:**

- Nursing and Midwifery Council.
- Royal College of Psychiatrists
- The Health Professional Council
- NPSA/2005/010- Safer Practice Notice

### **6.2 Associated Trust Documents**

- Adverse Incident Policy

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- Being Open Policy
- Freedom of Information Act 2004
- Care Programme Approach CLP 30

### **7.0 REFERENCES**

Department of Health: Guidance for Assessing and Managing Risk in Mental Health Services, 31 March 2009.

Department of Health: Best Practice in Managing Risk, June 2007.

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HM Treasury, Orange Book: 'Management of Risk: Principles and Concepts.' (HMSO, 2004)

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**END**