CLINICAL RISK ASSESSMENT AND SAFETY MANAGEMENT PROCEDURE

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PROCEDURE SUMMARY
This document is intended to guide mental health practitioners who work with patients to manage the risk of harm. It provides a list of tools that can be used to structure the often complex risk management process. The philosophy is one that balances care needs against risk needs, and that emphasises: • positive risk management; • collaboration with the Patient and others involved in care; • the importance of recognising and building on the Patient's strengths; and • the organisation's role in risk management alongside the individual practitioner's. To ensure recognised national terminology is used throughout this document the "patient" is used to refer a patient, resident, client or service user.
The Trust monitors the implementation of and compliance with this procedure in the following ways;
SEE CLINICAL RISK ASSESSMENT AND SAFETY MANAGEMENT POLICY

Services	Applicable	Comments
Trustwide		
MH&LD	✓	
CHS		

The Director responsible for monitoring and reviewing this procedure is Executive Director of Nursing

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Assurance Statement

Clinical Risk Assessment and Safety Management is part of the Trust's overall risk management strategy and is fundamental to maintaining safety. This policy defines the overarching standards to be employed within all local services relating to the risk assessment and safety management of individual Patients.

It should be used by all staff involved in the assessment and management of clinical risk.

Risk and risk taking are intrinsic to practice in Mental Health/Learning Disability Trusts. Properly managed they are a means of encouraging autonomy, choice and participation for users of mental health services and combating their stigmatisation and social exclusion.

This document is intended to guide mental health practitioners who work with Patients to manage the risk of harm. It provides a list of tools that can be used to structure the often complex risk management process. The philosophy is one that balances care needs against risk needs, and that emphasises:

• positive risk management;
• collaboration with the patient and others involved in care;
• the importance of recognising and building on the Patient's strengths; and
• the organisation's role in risk management alongside the individual practitioner's (Dept. of Health March 2009).

"The most effective organisations are those with good systems in place to support positive approaches rather than defensive ones. The corporate approach to risk that an organisation takes overwhelmingly influences the practice of its workforce (DH 2007)."

1.0   INTRODUCTION

1.1   In Essex Partnership University Trust (EPUT) we are concerned with delivering the best possible mental health service for patients, their family and carers. This means providing a service that is effective, involves patients, their family and carers in decision making so that it is as safe as possible for all involved.

1.2   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.

1.3   Managing risk should not just focus on eliminating risk, it is about providing a process for ensuring the potential benefits identified are increased and the likelihood of harms occurring as a result of taking risks are reduced (Titterton, 2005).

1.4   Fear of supporting people to take reasonable risks in their daily lives can prevent them from doing the things that most people take for granted'. (DH, 2007)

1.5   The Trust aims to support patients to recover and safety is integral to this process. Safety can be promoted by treating each patient as an individual, promoting choice, collaborative risk assessment and safety management and positive risk taking.

2.0 PURPOSE

2.1   To provide an agreed Trust-wide structure for assessing clinical risks presented by mental health primary and secondary care patients.

2.2   To utilise agreed tools to assist in clinical risk assessment in conjunction with professional judgment.

2.3   To embed Clinical Risk/Safety Management principles in day-to-day practice, in particular as part of the Care Programme Approach (CPA).

2.4   To enable staff to feel that risks can be identified and reduced by intervention and that tragedies are not always inevitable.

2.5   To enable staff to feel that the clinical management of risk can be strengthened.

3.0 DEFINITIONS

3.1   Risk
Is defined as the uncertainty of outcome, whether positive opportunity or negative threat, of actions and events. The risk has to be assessed in respect of the combination of the likelihood of something happening, and the impact which arises if it does actually happen (HMSO 2004).

3.2   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.

3.3   Risk Assessment
Is the process of gathering information about a patient'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.

3.4   Key legal and governance frameworks underpinning approaches to risk:

   a) *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.

   b) *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.

   c) *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.

   d) *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.

   e) *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.

   f) *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).

3.5   Formulation
The application of clinical knowledge in predicting risks, identifying cues and interviewing, to bring together a formulation of risk.

3.6   Measurement
The use of an appropriate tool that helps predict the likelihood of a risk occurring.

3.7   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.

3.8   Safety Plan
A safety plan is a prioritised written list of coping strategies and sources of support that patients can use during or preceding crises. The intent of safety planning is to provide a pre-determined list of potential coping strategies as

well as a list of individuals or agencies that patients can contact in order to help them lower their imminent risk.

Key risk/safety management/safety planning 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).

This approach is consistent with the Recovery Model, which views patients as collaborators in their treatment and fosters empowerment, hope, and individual potential.

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

3.10   Crisis Management
A crisis plan setting out the action to be taken if the patient becomes ill, or their mental health is deteriorating rapidly.

Any early warning signs, relapse indicators, triggers, key events, other risk indicators are to be taken into account in a crisis and the nature of response to a crisis.

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

4.0 CLINICAL RISK ASSESSMENT AND SAFETY MANAGEMENT PHILOSOPHY: POSITIVE RISK/SAFETY MANAGEMENT AS PART OF BEST PRACTICE

4.1   The Trust is committed to a philosophy of care that values each individual patient and seeks to maximise their well-being and potential for self-fulfilment. This can only be realised if patients are enabled and encouraged to take an active role in the ordering of their own lives.

4.2   Trust practitioners must encourage independence, self-reliance and competence in all patients whilst 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.

4.3   Applies to all patients and their relatives and carers.

4.4   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.

This means that some therapeutic risk-taking may be necessary and unavoidable if individual patients 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 patients 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:

a) Identify and understand the risks for and from each individual;
b) Evaluate and manage those risks within an agreed framework to the highest professional standards;
c) Plan for contingencies and share that plan with patient, carers and all relevant colleagues;
d) Clear and concise documentation relating to risks and share appropriately.

5.0 ACCOUNTABILITY FOR CLINICAL RISK ASSESSMENT AND SAFETY MANAGEMENT.

5.1 Responsibility for managing clinical risk is one that is shared between the organisation, individual practitioners, patients and carers.

5.2 The Board will ensure that the following is provided:

a) There is an agreed procedural framework for risk/safety management that staff can work to;
b) Training in the assessment and management of risk;
c) Training in the use of systems and techniques that support risk assessment and management;
d) Safe environments from which services will be delivered;
e) Necessary agreed flexible strategies and protocols to govern practice;
f) Support staff in the assessment, management and minimisation of risk through supervision and support mechanisms;
g) Ensure that adherence to relevant legislation and national guidance is audited and procedures are updated appropriately.

5.3 PROFESSIONALLY REGISTERED PRACTITIONERS
Are responsible for ensuring that they are adequately trained and skilled to carry out patient risk assessments and safety management plans and that they have fulfilled their training requirements.

Practitioners also have a duty to ensure they carry out patient risk assessments and management/safety planning as part of their professional practice, in line with the principles contained within this policy and the best available evidence.

5.4 <u>NON-REGISTERED PRACTITIONERS</u>
Are responsible for supporting the implementation of the risk assessment and management/safety process, under the supervision of a registered practitioner.

5.5 <u>ALL PRACTITIONERS</u>
The Trust expects its practitioners in undertaking their duties with patients, relatives, carers and with the public to:

Extend their vision of risk to include:
➢ The patient
➢ The patient's family, friends and carers
➢ The public
➢ Children
➢ Trust staff colleagues
➢ Workers in other agencies

To also:

a) Understand the concepts of risk and risk/safety management in clinical practice, and the Trust's philosophy of care;
b) 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;
c) Understand risk as including environmental, psychological and physical aspects;
d) Identify, assess, positively manage and, where possible, minimise risk and increase safety for all, whilst undertaking assessment.
e) Formulate an initial risk assessment within 24 hours and review a risk assessment at least every 6 months and more frequently where risks are fluctuating. Inpatient risk assessment should be at least weekly.
f) For Mental Health / Learning Disability in-patient services and nursing homes, the risk assessment must be reviewed as considered necessary by the clinical team, which may be as frequent as **daily**, with a formal evaluation of care being undertaken at least once each week, at the patients care review meeting / ward round. This will be coordinated by the named nurse.
g) For community Mental Health / Learning Disability (MH/LD) services, risk assessment must be reviewed as considered necessary by the clinical team however the care coordinator is responsible for ensuring reviews are undertaken, as set out within the Care Programme Approach (CPA) and Non CPA Policy and associated guidelines at a minimum of 6 monthly CPA reviews. For non-CPA patients the allocated caseworker is responsible for facilitating reviews as considered necessary by the clinical team but at least once a year.

h) Risk assessment is a dynamic process and should be under continuous review.

i) Risk/safety management must always be based on awareness of the capacity for the patient's risk level to change over time and recognition that each patient requires a consistent and individualised approach.

j) Be aware of Trust's guidance on capacity and consent for all patients, irrespective of age. If the person's capacity is in question, then undertake an assessment in line with Assessment of Mental Capacity Policy.

k) Weigh the risk of harm to the patient or to others against the potential benefits in relation to patient empowerment and act accordingly.

l) Take no action that contributes to or increases risk;

m) Plan for contingencies dependent upon the risk assessment.

n) Record information about risk and share that information with all who may need it. A risk/safety management plan is only as good as the time and effort put in to communicating its findings to others;

o) Adhere strictly to the guidance and direction given in this document.

6.0 CLINICAL RISK / SAFETY MANAGEMENT AND THE CARE PROGRAMME APPROACH (CPA)

6.1 Clinical risk assessment and safety management is part of the CPA process; however the principles apply to those under 'non CPA'. All patients' risks should be assessed.

6.2 This involves identifying specific interventions based on an individual's support needs, taking into account safety and risk issues.

6.3 A CPA care plan is drawn up, preferably with the patient/carer to meet the patient's needs. This forms the recorded safety management plan and should include the following:
  ➤ A summary of all risks identified;
  ➤ Identify and document any unmet needs;
  ➤ Actions to be taken to manage risk in a safety plan by practitioners, patients and/or carers.

6.4 A risk assessment must be completed prior to every patient **transfer** to determine the appropriate mode of transport required for example, secure vehicle, ambulance, taxi and private cars. The risk assessment must include number of staff required for escort and band to effectively and safely carry out the role of escort. Detailed information on this can be found in the Trust Clinical Guide for Discharge and Transfer (CG24).

7.0 TRUST STANDARDS FOR CLINICAL RISK ASSESSMENT & SAFETY MANAGEMENT / CARE PLANS

7.1 Individual practitioners must always use their professional judgement about individual patients' 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) A patient comes into the service for the first time in any treatment episode;
   b) A patient's mental or physical state changes significantly;
   c) A patient's social situation changes 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;
   d) Pre-determined indicators of relapse or risk (identified in previous risk assessments) are apparent;
   e) A patient loses contact with the service in an unplanned way;
   f) The care and or treatment offered to a patient changes significantly, including transfer between services /Trusts particularly heightens risks moving from inpatient to community care setting.

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

7.3 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 for community MH/LD services, two weekly for secure services patients and weekly ward-round for inpatients).

7.4 If a patient is admitted or transferred 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**.**

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

7.6 The Trust's minimum requirement for risk assessment is the completion of the screening tool and recording of patients' electronic records or (for services in north Essex) Risk Assessment Module on Paris (with the exception of substance misuse services, who use the Theseus database and Integrated Drug Treatment System (IDTS) Her Majesty Prison (HMP) / Young Offender Institution (YOI) Chelmsford and the Marginalised and Vulnerable Adult Service (MVA) who use System One).

7.7. The Trust's minimum requirement for a CPA review is the completion of all CPA tools including the care plan and recording in the patient's records that a CPA review has been done.

8.0 ASSESSING RISK AND COMPILING A SAFETY MANAGEMENT PLAN / CARE PLAN

8.1   Guidelines for good documentation and structured approach to decision making are in Appendix 1 and 2 of this procedure.

9. MANAGING CHALLENGING / ENDURING RISK

9.1   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, e.g. an identified unmet need or gap in service provision.

9.2   In managing difficult risk, it is the assessing practitioner's responsibility to:
a) Inform his/her line manager as soon as possible;
b) Take reasonable steps to minimise any risk to him/herself, or members of the public where this may be the case;
c) Seek assistance and or guidance from practitioner colleagues and the multi-disciplinary team;
d) 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;
e) Identify other agencies and individuals that may themselves be at risk from the patient in question and inform them as a matter of urgency;
f) Ensure that the action taken is documented electronically and appropriately, shared with individuals and relevant agencies, in accordance with local agreements and practice guidance.
g) Discuss caseload management in relation to risk/safety regularly in mandatory supervision

9.3   It is imperative when a difficult-to-manage risk is identified that consideration be given to holding a professionals meeting.

9.4   The practitioner's line manager must:
a) Inform the Director for the area or service concerned about the risk identified and the action taken;
b) Identify and attempt to resolve any equipment, skills, or staffing deficits that exacerbate the risk;
c) 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, authorising the temporary employment of extra staff and or involving the police or other emergency services.

10.0 RISK ASSESSMENT TOOLS

10.1 A clinical risk assessment tool is a contribution to an overall view of the risks presented by a particular patient at a particular time. Completing a risk assessment tool in the company of the patient is not all that is required. The results of a tool-based assessment must always be combined with information on relevant aspects of the patient's life and current situation, including his or her sources of strength – or protective factors. The assessment is complete only when the practitioner develops a formulation based on the assessment findings and then develops a risk/safety management plan covering treatment, supervision and monitoring options. Most risk assessment tools don't help evaluate the role of protective factors or to derive formulations or risk/safety management plans.

> a) **Clinical judgement** is integral to interpreting scores attained in any tool due to the range of influential variables (i.e. cultural considerations, understanding, and stigma).
> b) Risk assessment **tools are not diagnostic** and their utility remains founded on excellent clinical practice.

10.2 Practitioners with responsibility for risk assessment may also use one of the recognised and agreed, validated risk assessment tools.

10.3 This should be clearly documented in patients' electronic CPA records or Paris / Mobius / Theseus / System1 and the completed tool scanned into the patient's record as well as a copy given to the patient and family/carer.

10.4 The following tools are recognised for use in the Trust. Some tools require specialist knowledge/training to implement/interpret correctly. It is the responsibility of the practitioner to ensure that only validated tools are used and their training in the use of specific tools is up to date:

For services in North Essex:
➢ Sainsbury Centre for Mental Health Tool for Clinical Risk Assessment
➢ Beck Scales/Inventories – Hopelessness Scale, Depression Inventory - require specialist training and competency prior to use. (*copyright laws – ensure tools are purchased by the service)*
➢ 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 - require specialist training and competency prior to use. (*copyright laws – ensure tools are purchased by the service)*
➢ Short CANE (Camberwell Assessment of Need for the Elderly)
➢ Pressure Ulcers/Sores – Waterlow Pressure Sore Risk Assessment**,**
➢ Assessment of Manual Handling Needs
➢ Driving
➢ Risk of Sexual Violence (RSV) (*copyright laws – ensure tools are purchased by the service)*

➢ 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)
➢ Domestic Abuse, stalking, harassment and honour based violence (DASH) 2009 Risk Model for (MARAC – multi agency risk assessment committee)
➢ AUDIT
➢ AUDIT C

For services in Bedfordshire and South Essex

Inpatient services/Nursing Homes

➢ Assessment forms on Mobius, Electronic Records. *(On Mobius - Form 2.1)*
➢ Trust Needs and Risk Assessment Tools Form 2.1, 2.2 and risk section in Form 16.10. *(On Mobius and on Insite)*
➢ Malnutrition Universal Scoring Tool (MUST). *(Form 3.5 on Mobius and on Insite)*
➢ Waterlow Tool. *(On Mobius and Insite (3.33-06)*
➢ Falls Risk Assessment Tool. *(On Mobius under 2.25-06 and on Insite under Policy/Guideline CG58 Appendix2)*
➢ Manual Handling Risk Assessment and Care Plan. *(On Mobius, 10.16-02 on Insite under RMPG 03)*
➢ Infection risk on admission / transfer. *(On Mobius 1.6-00)*
➢ VTE risk assessment. (*On Mobius 3.16-00 / Insite Form 3.12*)
➢ The Trust Handover tool. (*On Insite Policy/Guideline CG20 Appendix 1*)

Secure Services:

➢ Secure Services risk assessment. (*on Mobius 2.31-00 Risk profile*)
➢ Risk of Sexual Violence Protocol (RSVP) – require specialist training and competency prior to use. (*copyright laws – ensure tools are purchased by the service*)
➢ Stalking Assessment Manual (SAM) - require specialist training and competency prior to use. (*copyright laws - ensure tools are purchased by the service*)
➢ Historical & Clinical Risk – 20, 3rd edition (HCR-20) - require specialist training and competency prior to use. *(copyright laws – ensure tools are purchased by the service) [on Mobius under 2.28]*

<u>Learning Disability Services:</u>

➢ Specific Task Risk Assessment Tool. (*Service specific - kept in team system drive)*
➢ Initial Risk Assessment Checklist. (*Service specific - kept in team system drive)*
➢ Learning Disability Therapists Referring Screening Tool. (*2.8-04 on Mobius)*
➢ CPA documents.

<u>Community Mental Health Teams and Crisis Resolution & Home Treatment</u>

➢ ECPA Assessment forms including risk component on the care plan. (on *Mobius 10.7-01)*
➢ Trust Needs and Risk Assessment Tools Form 1.2, 2.1, 2.2 and risk section in Form 16.10. (on *Mobius 10.7-01)*
➢ Health of the Nation Outcome Scales Payment by Result (HoNOS. PbR.). *(On Live cycle only)*
➢ Cardio Metabolic Proforma 3-2:01CP which is on Trust intranet. *(on Mobius)*
➢ Geriatric Depression Scale - commonly used in older people's services. *(on Mobius)*
➢ Montreal Cognitive Assessment - commonly used in older people's services. *(on Mobius)*
➢ The Domestic Abuse Stalking, Harassment & Honour Based Violence Risk Assessment (DASH). *(on Insite – with Safeguarding tools)*
➢ Display Screen Equipment Assessment (DSE). *(on Insite)*

<u>Early Intervention services</u>

➢ EI suicide risk assessment tool which is used occasionally. *(Service specific - not kept on the system)*
➢ Sad Personas (Sex, Age, Depression, Previous Attempt, Excess Alcohol or Substance Use, Rational thinking, Social support, Organised plan, No Spouse, Sickness). *(Service specific – not kept on the system)*
➢ Positive and Negative Syndrome Scale (PANSS). *(Service specific - not kept on the system)*
➢ Comprehensive Assessment of at risk mental state (CAARMS) – requires specialist training to use it. (*Service specific - not on the system)*
➢ Process of Recovery Questionnaire (QPR) required by Access and Waiting Time (AWT) standards. *(Service specific - kept in team system drive)*
➢ Dialogue – required by AWT standards. (*Service specific - kept in team system drive)*
➢ Safety plans used where there is concern. (*Service specific - kept in team system drive)*

Psychology Department:

➢ Risk Assessment and Management Psychology Services (RAMPS) – used in CMHTs. [*On Mobius (2.25-03)and Insite*]

Improving Access to Psychological Therapies (IAPT)

➢ IAPT Risk Assessment form. (*Service specific - kept in team system drive)*
➢ IAPT Risk Management form. (*Service specific - kept in team system drive)*

10.5 Use of other specialist tools not included in the Handbook is prohibited, unless the tool has been approved by the Trust's Quality and Risk Committee in the north / Clinical Governance Sub-group in the south.

10.6 Any new tools should be submitted for recognition and inclusion by emailing the Director of Quality and Risk in the north / approved by the Clinical Governance Sub-group in the south including the rationale for changing or adding to the above list of validated tools in use in the Trust**.**

11.0 SAFEGUARDING

11.1 All practitioners should be aware of their responsibilities for Safeguarding and be able to fulfil their obligations required as detailed in the Trust's Safeguarding Policies which are located on the Trust intranet.

12.0 CONFIDENTIALITY AND SHARING PROTOCOLS

12.1 Trust staff have a responsibility to make themselves familiar with the Trust policies and procedures which are on the Trust intranet and these will support staff in making the right decision when to disclose and when not to disclose patient information.

12.2 The following documents can be useful to staff when assessing and managing clinical risk:
➢ Information Sharing & Consent Policy and Procedure
➢ 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)
➢ Whole Essex Information Sharing (WEIS) (internet only)

13.0   QUALITY AUDIT

13.1   All inpatients wards are required to undertake a monthly care plan and risk assessment audit of their entire caseload. This is a brief audit covering basic essential information:

   a) Care plan present in notes
   b) Evidence of carer involvement
   c) Information in patient's care plan is linked to identified risk
   d) Care plan signed by staff
   e) Care plan signed by patient
   f) Care plan recorded in patient's records on Paris/Mobius as shared
   g) Care plan review date
   h) Risk assessment completed and dated
   i) Risk management plan in place

13.2   The Quality Care Plan and Risk Assessment Audit consisting of set of standards   (covering care planning, risk assessments, physical health, crisis plans, consent &   capacity, carers and service user involvement in care planning) against which the inpatient units and community teams are to audit monthly. The audits are completed by ward managers in the team with generally a sample of five records audited per month (less than where agreed).

13.3   As the care plan and risk assessment audit is self-reported, a spot check process to be implemented whereby a few team's results from different services are spot checked monthly by the quality team. This is to ensure that team reported results are accurate and independently verified so that additional support can be provided to teams requiring it.

13.4   Community mental health teams are required to undertake audits of care plan and risk assessment during monthly supervision with staff.

14.0 MANDATORY RECORD-KEEPING AND TRAINING

14.1   The Trust's primary recording instrument is the electronic health record which is accessible at all Trust sites via the Trust's network to those authorised professional staff, that must access and use the system to record patient details and all clinical activity.

14.2   For substance misuse/HMP/YOI Chelmsford (IDTS)/MVA, the electronic recording systems are Theseus and Systm1 respectively.10.3. To ensure we minimise risk to patients, Trust staff and the public, all clinical risk assessments and risk/safety management plans for a patient must be recorded in full detail on the electronic systems, providing 24 hour electronic access to the information for other Trust professional staff who may need access to the patient's risk assessment/safety plan; this is particularly

pertinent to out of regular working hours, weekends and Access and Assessment teams.

➢ For any substance misuse/IDTS/MVA information on patients this can be obtained during office hours by calling the services directly.

➢ All substance misuse admin staff has access to 'read only' Paris in order to obtain details of patient risk assessments/safety plans.

➢ Outside of regular hours, all Access and Assessment Teams have 'read only' access to Theseus in order to obtain patient risk/safety plan information.

➢ IDTS Chelmsford offers 24 hour access via telephone for any patient risk/safety plan information.

14.3   All staff will receive training in line with the Trust Induction and Mandatory Policy. Team managers who feel they need specific training in relation to clinical risk should contact the Workforce Development Education and Training department.

14.4   Staff who work in Secure Services will receive yearly mandatory security training as face to face and online training (OLM) in line with their work area protocols.

14.5   Clinical staff providing clinical care should have a basic understanding of personalised care planning and the importance of involving patients in their process. Detailed training will be provided as required for clinicians delivering care i.e. registered nurses, therapists, doctors and any other clinicians who develop care plans. Ward Managers/Sisters / Team Leaders will provide coaching and support to new team members to ensure effective, high quality personalised care plans.

14.6   The Assessment and Management of Clinical Risk training programme will include the following:
➢ Principle types of risks
➢ Indicators of risk
➢ The process of assessing and managing risk
➢ Conducting risk assessment through a collaborative approach, involving different sources of information
➢ Communication between professionals, patients, agencies, and with the carer(s)
➢ The use of approved risk assessment tools and documentation
➢ Positive risk taking
➢ Reference to a series of associated trust clinical policies and procedures.

14.7   In addition, the Trust will provide educational programmes on the following:
➢ Mental Health Act
➢ Restrictive practices.
➢ Staff training needs have been identified as part of a Trust-wide training needs analysis, as summarised below:

Training Needs Analysis	Staff Category	Delivery Method	Duration	Update Interval
Clinical Risk for registered mental health professionals	Nursing staff, Medical staff, Social care, Allied health – therapists Psychologists	Class	All day	Every three years
Clinical Risk for unregistered mental health nursing assistant staff	Nursing support workers, unregistered assistant staff	Class	Half day	Every three years

The Workforce Development and Training Department will report monthly on compliance levels for mandatory training.

The Workforce Development and Training Department will report monthly on compliance levels for mandatory training.

Managers are responsible for ensuring staff who are approaching update deadlines and those that are out of date take action to undertake training as soon as possible.

A service manager will be able to check which training has been undertaken by a member of staff through:
Trust online Training Tracking List, which will be validated to confirm training has taken place.

15.0 THIS PROCEDURE SHOULD BE READ IN CONJUNCTION WITH THE FOLLOWING TRUST DOCUMENTS

> Access to Health and Social Care Records Policy and Procedures
> Appointments Policy Incorporating the Non-Attendance Procedure
> Mental Capacity Act Deprivation of Liberty Safeguards Policy
> Mental Capacity Act Deprivation of Liberty Safeguards Procedure
> Care Programme Approach (CPA) & Non CPA (Standard Care) Policy and
> procedure
> Confidentiality and Information Sharing Protocol
> Policy for Consent to Examination or Treatment
> Discharge Policy
> Getting it Write guidance
> Guidelines for the Use of an Integrated Mental Health Information System (Paris)
> Incident Reporting Policy and Procedure
> In-Patient Leave Procedure and Policy
> In-Patient Observation and Engagement Policy
> Mandatory Training Matrix
> Manual Handling Policy and Procedure
> MAPPA Agreement

- ➢ National Mental Health Policy *A Vision for Change,* (DH&C, 2006).
- ➢ Operational Policy for the Mental Health Care Record and Information System (Paris)
- ➢ Patient Safety Environmental Standards
- ➢ Physical Health Care Policy
- ➢ Prevention and Management of Violence and Aggression at Work, Policy, Procedure and Guidelines
- ➢ Safeguarding Children Policy
- ➢ Safeguarding Adults Policy
- ➢ Searching of Patients and their Property Policy
- ➢ Therapeutic and Safe Interventions (TASI) in the Management of Aggression and Violence (Including de-escalation and 'time out' and post incident reviews and debriefing) Policy
- ➢ The Unified Written Health and Social Care Record Policy
- ➢ The Use of Medicines Policy and Procedures Handbook
- ➢ Transfer of Care Policy

16.0 REFERENCES

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