Rotherham Doncaster and South Humber NHS Foundation Trust

Clinical risk assessment and management policy

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1. Document summary

1.1 What is this policy about?

This policy is about clinical risk. Clinical risk means something that could cause harm to a patient or another person.

The policy helps staff keep people safe. It also helps patients make choices and take positive risks as part of their recovery.

1.2 What must staff do?

Clinical risk assessment is a continuous part of assessment, care planning, treatment and review. Staff must complete and record a formal risk assessment at the first treatment contact, at planned reviews and whenever needs, risks or circumstances change. Reviews must be based on the level of risk and must take place at least every 12 months, or sooner when needed.

Staff must use the risk assessment tools and processes authorised for their service. These tools support, but do not replace, professional judgement. Any continuing concern must be explored, recorded and acted on.

1.3 Working with patients and others

Patients must be involved in decisions about their care and risk management wherever possible. Staff should also involve carers, family members, advocates and relevant professionals when appropriate. Each patient must have a clear, individual care plan linked to their risk assessment. It must explain the identified risks, actions to reduce harm, what to do if risk increases or a crisis occurs, and how information will be shared. Decisions must respect the person's capacity, rights and choices and use the least restrictive option.

1.4 Who is responsible?

- Clinical staff are responsible for assessing and managing clinical risk.
- All other staff must report any risk or safety concern they notice.
- Managers and senior leaders must make sure staff use this policy, complete training and learn from incidents.

1.5 Key points to remember

- Risk can change, so staff must keep checking it.
- Patients should be involved in decisions wherever possible.
- Care plans must be clear, up to date and shared with the people who need them.
- Staff must report incidents and safety concerns.
- Staff must complete the training required for their role.

2. Introduction and aim

Risk is part of everyday life. It should help us think carefully and make balanced decisions, without unnecessarily limiting people's lives.

Some risks cannot be avoided, but staff can reduce them and prepare for them in a balanced way.

The Mental Capacity Act 2005 starts from the position that every adult can make their own decisions unless there is evidence that they cannot make a particular decision at the time it is needed.

People have the right and responsibility to make their own decisions, even when others believe those decisions are unwise or unusual. Staff must support people to make decisions wherever possible. If a person lacks capacity for a particular decision, any action taken must be in their best interests and use the least restrictive option.

The 12 Points to a Safer Service, shown in Appendix C, provide a checklist for local mental health services. The Trust uses these points to support this policy and related documents.

Clinical risk assessment and management are essential for promoting safety and supporting positive risk-taking. Staff must involve patients in deciding what level of risk they are willing to accept in relation to their health, safety and recovery.

Staff must balance safety with positive risk-taking and consider possible harm to patients, carers, family members, staff and the wider public.

The Trust must identify and manage clinical risk through continuous assessment of possible harm to patients, staff and the public. Risk assessment is most effective when all relevant members of the multidisciplinary team contribute to the patient's care.

Risk cannot be removed completely. However, identifying it early allows staff to take proportionate action to reduce the chance or impact of harm.

Clinical risk assessment and management must form part of each patient's needs assessment, care planning, care delivery and review.

The Samaritans' research into men's suicide suggest these areas for action:

- suicide prevention policy and practice must take account of men's beliefs, concerns, and context, in particular, their views of what it is to 'be a man'
- recognise that for men in mid-life, loneliness is a very significant cause of their high risk of suicide and enable men to strengthen their social relationships
- there must be explicit links between alcohol reduction and suicide prevention strategies; both must address the relationships between alcohol consumption, masculinity, deprivation, and suicide
- support general practitioner's (GP's) to recognise signs of distress in men, and make sure those from deprived backgrounds have access to a range of support, not just medication alone
- provide leadership and accountability at local level, so there is action to prevent suicide

This policy explains how the Trust manages clinical risk and makes sure staff who assess patients have the knowledge, skills and support needed to do this safely.

It supports the Trust's wider duty to manage risks affecting patients, staff, carers, visitors and the public.

3. Procedure

3.1 16 Best practice points for effective risk management

Best Practice in Managing Risk (Department of Health, 2007) gives staff a framework for assessing and managing the risk of harm.

The 16 principles in Appendix B apply across all care settings.

The framework balances each person's care and recovery needs with safety. It places particular importance on:

- positive risk management
- collaboration with the patients 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 practitioners

The Trust has adopted these principles. Services must use them in day-to-day practice and check compliance through the monitoring arrangements in section 6.

3.3 Tools or processes authorised for use within the organisation, including timescales for use (see appendix A)

Risk assessment is continuous. Staff must complete and record a formal risk assessment:

- at the first treatment contact
- whenever circumstances change, including admission, discharge, transfer between services, shared care or a significant change in the person's situation.

The clinical risk assessment tools or processes authorised for use within the trust are:

- Functional Analyses of Care Environment (FACE)
- Historical Clinical Risk 20 (HCR 20), (in addition to the FACE assessment being completed an HCR 20 is the required risk assessment for forensic services to complete for NHS England. It may be necessary in some instances to also complete the Risk for Sexual Violence Protocol (RSVP) (or Sexual Violence Risk (SVR)) if indicated and agreed by multi-disciplinary team (MDT).

Risk assessment tools help staff collect and consider information in a consistent way. They do not replace clinical judgement. If a clinician remains concerned despite the tool's outcome, they must explore the risk further, record their concerns and take appropriate action.

3.4 How clinical risk assessments are reviewed, including timescales

Review timescales will vary because the Trust provides different services in hospital and community settings. The level and type of risk, the patient's needs and the care setting must guide how often the assessment is reviewed.

Risk assessment is continuous and must respond to change. Staff should involve the patient and, where appropriate and possible, their family, carers, significant others and advocates. Relevant professionals from other services or organisations should also contribute. This improves the quality of information, decisions and plans.

After the first treatment contact, reviews may be needed daily in an inpatient setting or less often in stable community care. The clinical team must set and record a review date based on risk and need. A formal review must take place at least once every 12 months, and sooner whenever risk, need or circumstances change. Staff must use the authorised tools or processes.

3.5 Clinical risk assessment and risk management

Risk assessment is an essential part of safe mental health practice. It must be included in assessment, care planning, delivery and review.

Each patient must have an individual care plan that is developed with them, clearly written and linked to the risk assessment. The plan must be shared with everyone who needs it to keep the patient or others safe. It must include:

- the assessment of risk and the development of a risk management plan
- the documentation of risk information see records management policy
- the communication of risk information
- the adoption of appropriate risk management strategies based on the assessment

Risk assessments and management plans should be discussed in supervision as often as reasonably possible for the service. Staff must report incidents linked to clinical risk assessment or management through the Trust's incident reporting system. The Trust will investigate incidents, take action to reduce the chance of recurrence and share learning.

Staff must complete the training required by the mandatory and statutory training policy and the training needs analysis.

Clinical audit and monitoring processes associated with the following policies will provide key information to inform the monitoring of this policy:

- records management policy
- the move to personalised care procedure
- supervision policy
- incident management policy
- claims handling policy (management of clinical negligence claims, employer or public liability claims, property expense scheme claims)

4. Responsibilities

4.1 Clinical staff

All members of the multidisciplinary team share responsibility for clinical risk assessment and management. Clinical staff must:

- use the authorised risk assessment tools and processes for their care group
- use a strengths-based approach and support positive risk-taking, recovery and self-management
- keep their knowledge and skills up to date by completing required training
- work with other Trust services, agencies and interpreters when patients transfer between services or receive care from more than one organisation. Where several Trust services are involved, the mental health team will lead the risk assessment, with input from the other services, and share it with those who need it
- report relevant incidents through the Trust incident reporting system and contribute to investigations and improvement actions
- use supervision to discuss clinical risk assessment and management, in line with the supervision policy.

4.2 All other staff

All staff must stay alert to hazards and possible harm. No member of staff should ignore a risk they have noticed. Staff who are not clinically qualified must report concerns promptly to their line manager or the person in charge.

4.3 Care group directors

- identify and monitor risks within their clinical services
- oversee effective clinical risk management
- make sure authorised risk assessment tools and processes are used and monitored
- share, implement and monitor this policy within their services
- embed the 16 best practice points in Appendix B and use relevant safer-services guidance.

4.4 Head of patient safety (patient safety specialist)

The Head of Patient Safety is responsible for reviewing this policy and supporting its implementation, including incident reporting and investigation processes.

4.5 Chief pharmacist

The Chief Pharmacist is the assurance lead for medicines management and the Accountable Officer for controlled drugs.

4.6 Medical director

The Medical Director must make sure medical staff are competent in risk management, complete up-to-date training and continue to improve their practice.

4.7 Deputy director of safety and quality

The Deputy Director of Safety and Quality must make sure the clinical audit programme supports the implementation and monitoring of clinical risk practice. They must also link this work with relevant Trust committees and groups.

4.8 Chief operating officer

The Chief Operating Officer delegates day-to-day responsibility for effective clinical risk management to care groups through the care group directors.

5. Training

5.1 All clinical staff

- Frequency: once, as part of corporate induction.
- Length: 30 minutes.
- Delivery method: corporate induction.
- Audience: all clinical staff.
- Attendance record: Electronic Staff Record (ESR).

5.2 All clinical staff, doctors of all grades, nurses, allied health professionals and psychological therapists, social workers and all clinical support staff who have involvement in some aspect of direct clinical care of a patient

- Frequency: on starting the role and then every three years.
- Length: depends on the type of risk assessment training required.
- Delivery method: care group-specific training days and other relevant training, including:
    - Introduction to Mental Health Act
    - Mental Capacity Act training
    - clinical record keeping
    - managing work related violence
    - core risk management training
    - medicine management
    - safeguarding children or safeguarding adults
- Trainer: decided by the relevant care group.
- Attendance record: Electronic Staff Record (ESR).

6. Monitoring Arrangements

6.1 Tools or processes authorised for use within the trust, including timescales for use

- How and who by: Decision-making by: Safety and quality operational assurance group and care group assurance meetings (discussions will be recorded in the meeting minutes).
- Reported to: Quality Committee.
- Frequency: As required.

6.2 How risk is being assessed

- How and who by: Audit by Manager and service leads.
- Reported to: Care group quality meetings and safety and quality operational assurance group.
- Frequency: Monthly.

6.3 How the trust trains staff, in line with the training needs analysis

- How and who by: Mandatory Training compliance report by Head of learning and development.
- Reported to: Monthly care group assurance meeting.
- Frequency: Monthly.

7. Related documents and associated references

- risk management strategy
- The move to personalised care procedure
- learning from deaths policy the right thing to do
- supervision policy
- mandatory and statutory training policy
- corporate and local service induction policy
- records management policy
- incident management policy
- admission, transfer and discharge manual including patient flow and out of hours (OOH) procedures
- safeguarding children policy
- safeguarding adults policy
- reducing restrictive interventions (RRI) policy (formerly PMVA policy)
- patients missing or absent without leave (AWOL) policy
- MCA Mental Capacity Act 2005 policy
- National Institute for Clinical Excellence Evidence for strengths and asset-based outcomes (2019)
- Healthcare Quality Improvement Partnership Assessment of clinical risk in mental health service, an NCISH report, HQIP (2018).
- Royal College of Psychiatrists assessing and managing risk of patients causing harm (opens in new window).
- Department of Health (2007) Best Practice in Managing Risk: principles and guidance for best practice in the assessment and management of risk to self and others in mental health services. London: Department of Health. (opens in new window).
- Department of Health, London Mental Capacity Act 2005 (opens in new window)
- University of Manchester website lists all the National Confidential Inquiries into Suicide and Homicide by People with a Mental illness (NCI or NCISH) (opens in new window).
- The National Confidential Inquiry into Suicide and Safety in Mental Health, (2019) 20212006 (opens in new window).

8. Appendices

12.1 Appendix A Recommendations for services from the national confidential inquiry into suicide and homicide by people with mental illness annual report July 2013

Services should:

- maintain services for people with both mental health and substance misuse needs, and use community treatment orders appropriately when there is a risk of violence
- help patients at risk of suicide to access advice about debt, housing, employment and other financial pressures
- make safety in crisis resolution and home treatment a priority, especially when a patient lives alone, refuses treatment or is discharged from hospital into these services
- consider the risk of self-poisoning with opiates and check whether patients can access them
- continue ward safety measures, including action to prevent patients leaving without agreement and to support safe detention
- provide specialist support and risk management for patients who misuse alcohol or drugs
- use community treatment orders effectively where treatment refusal or loss of contact increases suicide risk
- assess possible violence towards partners and family members and work with social care and safeguarding services
- include all inpatients, including younger people, in physical health and polypharmacy reviews
- provide or maintain assertive outreach services
- take part in open discussion about public concerns, the risk of homicide and what mental health services can and cannot prevent.

12.2 Appendix B 16 Best practice points for effective risk management

1. Use research evidence, knowledge of the patient and their circumstances, the patient's own experience and clinical judgement when making decisions.
2. All mental health practitioners must be able to support positive risk-taking through a clear and carefully planned approach.
3. Work with the patient and their carers and build the most trusting relationship possible.
4. Recognise the patient's strengths and support recovery.
5. The organisation and the individual practitioner share responsibility for risk management.
6. Use flexible plans to prevent harm or, when this is not possible, reduce its impact.
7. Consider both general and specific risks and how good care can reduce or prevent harm.
8. Staff must understand the mental health law relevant to their work.
9. The risk management plan must summarise identified risks, explain when they may occur and state what staff and the patient should do in a crisis.
10. Use structured clinical judgement when a suitable assessment tool is available.

11. Use the risk assessment to decide the right level of risk management and intervention.
12. Provide fair, respectful and competent care that responds to each patient's individual background and needs.
13. Recognise that risk can change over time and provide a consistent, individual approach.
14. Multidisciplinary and multi-agency teams should develop plans openly, share decisions and use reflective practice.
15. Staff involved in risk management must complete relevant training and refresh it at least every three years.
16. Communicate the assessment and risk management plan clearly to everyone who needs the information.

12.3 Appendix C 12 Points to a safer service

The National Confidential Inquiry into Suicide and Safety in Mental Health developed recommendations to improve policy and practice in mental health services.

Local services should use the following 12 points as a safety checklist:

1. Provide training on suicide and violence risk management at least every three years.
2. Give the most intensive level of care to patients with severe mental illness and a history of self-harm or violence.
3. Care plans must state what staff should do if a patient does not follow the agreed plan or misses appointments.
4. Provide prompt access to support for people in crisis and their families.
5. Use assertive outreach to reduce loss of contact with vulnerable or high-risk patients.
6. Make suitable alternative antipsychotic medicine available when side effects prevent a patient from taking their current medicine.
7. Have clear arrangements for people with both mental health and substance misuse needs, including staff training, joint working and named responsibility for service development.
8. Manage environmental ligature risks on inpatient wards in line with current Trust requirements.
9. Follow up patients with severe mental illness, or recent self-harm, within seven days of discharge from hospital.
10. For patients who have self-harmed in the previous three months, consider limiting medicine supplies to no more than two weeks where clinically appropriate.
11. Maintain local arrangements for lawful and necessary information-sharing with criminal justice agencies.
12. After a serious incident, hold a multidisciplinary case review and provide appropriate information and support to the patient's family.